GUY'S

HOSPITAL GAZETTE

January 1997

- Nursing At Guy's 1726–1996
- Student President's Report
- Diwali Show

UMDS Guy's Hospital Dental School

Dental Society Clinical Day

on Saturday 1st March 1997

This year's programme starts at 9.30am with the Herbert Memorial Lecture given by Professor Richard Palmer, Professor of Periodontology & Implant Dentistry, entitled "TEETH OR TITANIUM".

The lecture is followed by a series of trade, staff and alumni demonstrations, covering all aspects of clinical dentistry and current research.

The final lecture at 12.35pm, given by Professor Stephen Challacombe is entitled "Cases You Have Referred!".

Further enquiries, please contact MR L A USISKIN, DENTAL SUB-DEAN, MEDICAL SCHOOL, GUY'S HOSPITAL, LONDON SE1

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Guy's Gazette

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Passim

This is now my third passim as editor for the Gazette and it just dawned on me that I didn't know the true meaning of the word 'passim'. My oversized dictionary next to me informed me that it is a Latin word meaning 'scatteredly', not as I presumed just a clever way of writing 'editorial'. Apparently the passim's use is to 'indicate something that occurs here and there throughout the magazine'. However, over the years editors have used it to air particular views on current issues in the public eye. Such as the Ebola scare discussed in the November/December '96 edition and various political changes on the state of the National Health Service which are so close to our hearts.

This month I shall be traditional and comment on scattered occurrences in this edition. To start with though, the Gazette has always had the difficulty of pleasing a wide variety of people, from the large number of retired doctors, dentists and nurses who have great historical memories of Guy's to the students and clinicians still here. Although simplifying the range of subscribers we cater for, these two groups require such varying information and entertainment from a journal such as the Guy's Gazette.

The Presidents report hopefully appeals to the students here after all the changes occurring in the medical school are extremely important and everyone should be given the opportunity to know what is going on. The Discussion on the History of Nursing at Guy's 1726 - 1996 should without doubt entertain all those Guy's nurses what ever they studied. And for the rest of you I hope the unique insight into medicine in a country as troubled as Cuba will satisfy your interest in the Gazette.

If all that fails then there is always another crossword to pass the time.

Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

NB: Copy date for Gazette is 20th of each month

Royal Request

Dear Sir

Just a note about your Queen and His Royal Highness the Duke during their 4 day visit to Bangkok. On 31st 0ctober at 11am they were walking in the opposite direction on red carpets in the 1400 British people Marchee at the British Embassy.

"Your Majesty, may I have a word with you. I am Dr Muntarbhorn, first heart surgeon of this country and educated from Guy's Hospital, London Bridge."

Queen E II R was nodding-smiling, "I know Guy's hospital"

"May I make a request, Your Majesty?

"There is a rumour they are going to close Guy's Hospital

"Please do not close the hospital.

"It is the best hospital in England.

She was nodding in affirmative.

I also gave His Royal Highness two copies of my diary with Suan Kularb College, Bangkok, with my picture as the father of chest surgery of Thailand.

We are doing our best to save Guy's. I have written to the House of Commons.

Yours faithfully,

S Muntarbhorn
170, Silom Rd.
Bangkok
Thailand

25 year Dental Reunion

Class of '72

Dear Sir

The students who qualifed in the academic year 1971-72, recently had a reunion to celebrate 25 years since graduation.

In addition to a postgraduate course, a champagne reception and a dinner, a raffle was held, and the proceeds of £205 have been donated to the Evelina Children's Hospital Appeal.

Colleagues and their spouses came from as far as North America to meet up and renew acquaintances. The organisation of the weekend was excellently arranged by Bob Burt, who has volunteered to repeat it again in 5 years time.

Yours faithfully,

T R Pitt Ford

Pioneering Surgery

Dear Sir

I am writing to correct one or two errors in Dr Peter Holmes letter under the title 'Blue Baby' in the November/December '96 issue of the Gazette.

In the year 1944 the war was still in progress and Blalock and Helen Taussig did not visit Guy's until '48 or '49.

They of course, were responsible for devising the operation for Fallot's Tetralogy which carried their name.

The surgeon concerned at Guy's was, of course, Russell Brock who was an assistant surgeon at that time. Brock had attempted the operation before their arrival but without success. Due to the pulmonary stenosis the pulmonary artery was of poor quality and haemostasis from the anastomosis was extremely difficult. Brock, therefore, decided that he would prefer to attack the pulmonary stenosis directly and invented several instruments to help with this; with Down Bros. factory close at hand this was probably easier then than it is today.

Although mortality rates were high this was the beginning of cardiac surgery as it is known today. The operating theatre was often filled with visiting colleagues anxious to see what was a foot; Holmes-Sellors, Tubbs, Price-Thomas, d'Abreu and Allison were amongst the eminent thoracic surgeons to attend.

At that time we had a student called Derek Forrest who suffered from Fallot's Tetralogy and he was operated on either by Blalock or Brock but I can not recall the outcome.

In these days, when coronary bypass is amore common operation than appendicectomy, I feel honoured to have been present in those days of pioneering cardiac surgery

Your faithfully,

John Scorey

Morality not Mortality!

The following letter was published in the Nov/Dec 1996 Gazette with a repetitive embarrasing error by the Gazette editor. The word morality was mistakenly replaced by mortality. I wish to apologise to Mr Bloch for this error and thank those readers who commented on it. The profound meaning that can be changed due to one word by one letter shows us just how powerful the english language can be!

Dear Sir,

Since being a student at Guy's I have thought a lot on philosophical subjects now, as a General Practitioner I believe I have brought some precision to the question of morality.

This is a subject increasingly discused these days, vaguely and very loosely. Here are my thoughts on the subject. The problem with 'morality' is that it is a word vaguely used. How do we obtain the core meaing of this word? I suggest that we look at the word 'evil'. Evil, to my mind, is the giving of unnecessary pain to one individual by another. As a principal in general practice of 37 years standing, retired 12 years ago, it appeared to me that the greatest evil was to allow pain, physical or mental, to be suffered by a

patient without doing anything about it, either treating the cause or giving symptomatic relief. It became rational to me that the opposite of evil was morality, either not giving unnecessary pain to a fellow human being and the giving of relief of that pain if at all possible. Medicine is obviously a moral profession. Rationalising via evil to morality, it is simple to deduce the Ten Commandments. Religious faith is unnecessary in this deduction, although to those who are relgious, I would not say that the sense of what I have written above could have been implanted by God. If people lived, primarily, by the core meaning of morality, namely the opposite of evil, the world would be a better place.'

Yours faithfully,

Norman Bloch

Crossword Answers

Anwswers to November/December Crossword:

Across: 1 Naevus, 2 Bran, 8 Imitate, 9 Vet, 10 Cranial, 13 Ray, 14 Eve, 15 Carpets, 18 UFO, 19 Attempt, 21 Eyes, 22 Retina

Down: 2 Aim, 3 Vater, 4 Satin, 6 Reviles, 7 Not one bit, 8 Introduce, 10 Cyclone, 11 Ayr, 12 Ire, 16 Peter, 17 Treat, 20 Pan

Class of '63 Reunion

Dear Sir

We would like to hold a dinner in the summer of 1997 for those who graduated from Guy's in 1963. Unfortunatley, I do not have a complete list of graduates.

In 1995 I sent out 80 letter and received 50 replies of whom 42 were inteested in such an event (with partners). If anyone did not get a letter or did not reply, but would bi interested in coming, would they please let me know as soon as possible, by writing to me at Deans Office, UMDS - Guy's, London Bridge, London SE1 9RT

Yours faithfully,

C Chantler
Principal

World Medical Games

Over the last 17 years, doctors fom all over the world have been meeting annually at various locations to compete in the World Medical Games. I chanced upon this event a year ago and travelled to Lisbon in the first week of July to compete in the swimming events.

The Games take place during a course of a week, and this year over 1700 competitors participated. There is a parallel Medical Symposium on Sports realted subjects, and the entire event receives good sponsorship from international pharmaceutical companies such as Rhone Poulenc, Pfizer, Sandoz and Johnson & Johnson.

In addition to doctors, the event is open to pharmacists, dentists, veterinary surgeons and final year students in corresponding courses in addition to professionally qualified physiotherapists.

In Lisbon the event received strong support from the Sports Minister and the mayor and city authorities. It was great pleasure to note all competitiors took part as individuals. There was no flag waving or national anthems indeed these are banned under the regualtions of the organistion. Competitors are not allowed to wear their national colours, and in the team sports competitors are entered under the name of their hospital or university.

The standard of competition was very high in the major events with former Olympic and international reprsentatives competing.

As in 'Masters' events in other sports you will compete against men and women within your 5 or 10 year age group. Standards vary widely particularly among the more senior competitors.

Dr John Walker, a GP from North Humberside, an excellent track athlete and long jumper, has been the pillar around which British doctors have organised their participation.

Next year, the World Medical Games take place in Le Touquet only 30 minutes from the south portal of the Channel Tunnel. As many colleagues will know, this attractive small town set in pine woods was a famous retreat for Parisians in the early part of this century and as a consequencs has excellent hotels, restaurants and sports facilities in addition to its magnifient beaches.

Events start on the 29th June 1997

Given that, in the medical fraternity, surgeons have always had a strong reputation for sporting endeavour, I hope that colleagues reading this information will consider taking one of the following courses of action.

1) If you comptete regularly at club level in any sports in the table below and would like to have further information about the World Medical Games next July, please write to me c/o Royal College of Surgeons or Dr JES Walker,

27 Westgate, Hornsea, N. Humberside HU18 1BP

2) If you have friends or colleagues in any of the disciplines itemised above who are sportsmen and women please ask them to get in contact as above.

3) Many surgeons have affilations with sports clubs in their medical schools. Next year's events take place after Finals, and is within easy reach of Britain. If you can encourage individuals or teams to consider competing please let John Walker or myself know and we will do our best to encourage students to join in.

We hope to identify an individual who will take responsibilty for organising each sport. I hope that the prospect of a sociable week with fit colleagues and their families from all over the world will persuade you to contemplate regular practice training over the winter so that a strong UK contingent takes place next summer.

Table 1 Sports

Athletics:
Including the 100m Men/Women, 400m Men, 800m Women, ,1500m Men, 3000m Women, 5000m Men, Long Jump Men/Women, Half Marathon Men, High Jump Men, Shot Put Men, Discus Men
Basketball
Cycling (20,40and 80km and hill climb)
Mountain Bike 30km
Fencing
Soccer - 11 and 6 aside
Rugby - 7 a side
Golf
Handball
Swimming
50m Freestyle, Backstroke, Butterfly. 100m Breaststroke,400m Freestyle, 800m Freestyle, 1500m Freestyle, 4x50m Indiv Medley and 4x50m Freestyle relay
Windsurfing
Squash
Tennis & Table Tennis
Rifle and Clay
Pistol
Triathlon
Dinghy Sailing
Volley Ball
Judo

David Skidmore

Reminder about subscriptions

Since the announcement last edition about the increase in subscriptions from £15 to £20 there has been some confusion about discounts. Subscribers who are retired and are taking advantage of our reduced subscription rate of 50% and have been paying £7.50 now should increase their payment to £10. We again apologise for having to enforce this price increase. The Gazette has not gone up in price now for four

years but with extra financial pressures and inflation we unfortunately have to pass on these changes on to our subscribers. The Gazette team hope that you feel the Guy's Gazette is still value for money and will continue supporting this publication so that it will carry on, recording the events of the hospital and those men and women who have in the past or who are continuing to work and study in it.

INCREASE IN SUBSCRIPTIONS 1997

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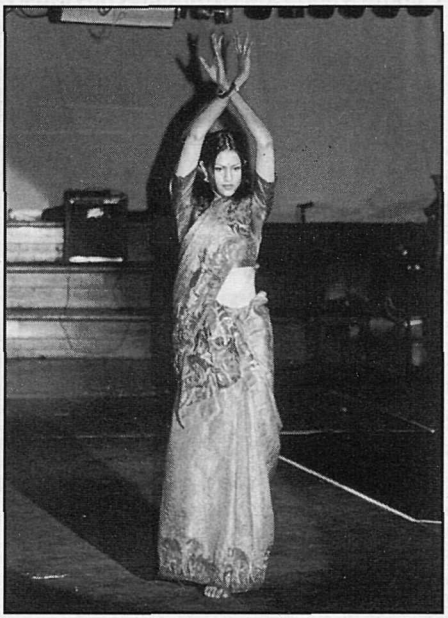
Diwali Show November 1996

This years festival of lights was once again celebrated in the lavish manner to which we have become accustomed with a spectacular stage show. The setting at Westminster Methodist hall was impressive if not a little austere and the grand staircase up to the seating gave the impression that the audience was in for a quality performance.

Unfortunately the inauspicious opening of the show may have dispelled this optimism from the expectant crowd as the start which was an hour late then took three try's to get under way. However this was compensated for by the excellent performance of the first dancers who to their credit did not loose their cool despite heckling from the audience.

The first piece was a well combined entree of western and eastern dance utilising all the elegance of the beautifully dressed girls and the gymnastic exuberance of the macho boys. Smoke and fireworks were used to dramatic effect on a well designed and lit stage which gave plenty of room for the gymnastic stunts that were pulled off well. This was followed in short order by a Hindi film dance which looked something like a boys V girls debating competition but was actually a very authentic looking performance from what I have seen of these films.

The comedy sketch was set off in fine style by Bamba Gascoine alias Bhavin Bhuva who seemed quite at home with his character as he manipulated the contestants into some form of order. Also sliding into his role quite smoothly was Anjay Talwar who



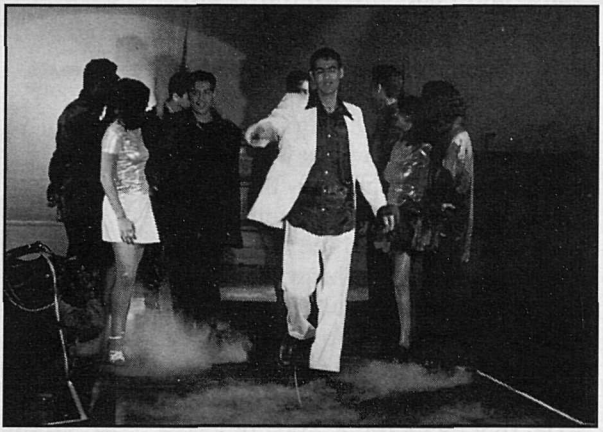
Nesha Patel in a traditional Saree

seemed to affect a patently camp disposition with no difficulty or in fact sign of misgivings. Bhavisha ravished us with her Essex girl screeches and Sonny gave us a fairly accurate portrayal of our stereotypical rugby boys. Unsurprisingly the biggest laugh from

the act was provided in response to a fine piece of anal breathing which just goes to show with our depraved bunch toilet humour will do it every time.

Far removed from this was the eastern catwalk which displayed the elegant traditional dress in style with the models performing professionally. The sponsors such as Ciro Citterio, Nigel Cabourn and Dee Izmail had obviously not stinted in their provision of quality garments and I'm sure they benefited as much as the show for their efforts. There was a large proportion of the show given over to cat walk and some may say this was a little excessive but the clothes were lavish and the models stunning so the cast carried it off well . One western presentation of outfits was choreographed in a futuristic theme with zig-zag robot like movements which caught the eye in contrast to the typical style and was particularly innovative. As with the dances professional lighting gave the dramatic edge to the modelling and gave the audience the best possible views .

There were unfortunately problems right through the show with linking the music to the acts which caused a considerable delay to the change overs. To smoothly cover this up the compares Meela Ghosh and Dev Patel did a fine job and were quick witted in their efforts to mask any problems . Meela's snail joke although not gaining many laughs was still diverting and amusingly Dev's efforts included bringing an audience member on stage to give his opinion of the show only to gain some abuse. There was also a lot of cheering for your med school on request which revealed that a surprising contingent from other med schools were also present



Ibrar Majid leading the catwalk

Further dances and musical interludes brought us to the stunning performance of Navin who accompanied by a group of musicians, caressed our ears in his own unique fashion. This boy can sing counting crows songs better than they can and is a member of our own famed UMDS band so his performance was welcomed by all. Fol-

lowing up in finale style was a dance to a song called Muquabala which starred Anish Shah and Laleh Sharifian also being choreographed by Anish. In this dance there was a tale of love, passion, jealousy and violence surrounding the fiery couple and the other dancers. The performance was exciting and offered to the audience with a certain amount of abandon which is fairly typical of Laleh but Anish took on a whole new personality for 10 minutes.

The show was done on a grand scale and the cast should be congratulated for their considerable efforts which raised a lot of money for charity .

Caroline Turpin

Guy's Hosiptal Society Bournemouth and Wessex

The fourty first Annual Dinner took place on Friday November 1st. at the Marsham Court Hotel in Bournemouth, Mr I W Broomhead being in the Chair.

At the AGM the following elections were made; Chairman, Dr R D Hill; Hon Treasurer, Dr M O'Driscall; Hon. Secretary, Mr E H Archard. After the dinner the chairman gave an account of his career which took him to Guy's, and then introduced the guest of Honour, Dr Gerry Diamond. Dr Diamond gave an account of activities at Guy's over the past year, which concluded the formal activities for the evening.

Mr E H Archard

Rag week's coming

One of the biggest events of the student year is nearly upon us. That event, which has undergone a complete transformation over the past few months, is Rag Week. It's timing has been changed from March to February, which will allow much more of the medical school to participate in the charity fund raising events. It will run between February 5th to 15th, and at the time of writing, the new and improved programme of social events, formulated by this year's Rag Committee, is a closely guarded secret. However, they promise to be bigger and better than ever before. So set those alarms early - you have been warned.....

Jason Roach

Now available, in limited stock, full colour prints depicting Thomas Guy discussing the plans for his hospital with Dr Mead, the physician, and Mr Stear, the architect who designed the East Wing.

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'NURSING AT GUY'S 1726 - 1996'

A BOOK OF THE COMMEMORATIVE EXHIBITION

In May last year the Guy's Hospital Nurses' League held a great day of commemoration and celebration. Nurses who had trained at our hospital's historic School of Nursing came from all over the world to recall their happy days at Guy's and to meet the friends of many years ago. On the previous day hospital badges and certificates had been presented by HRH Princess Alexandra to the last nurses to receive them - for nurses are no longer trained at Guy's but at the Nightingale Institute of King's College. London University. It was a memorable day, as readers of the Gazette will know, and among the events staged there was a Commemorative Exhibition of Nursing at Guy's from 1726 to 1996. This exhibition proved enormously popular and was visited by everyone who came to Guy's that day. So crowded was the Robens Suite where it was held hour after hour that few people were lucky enough to see the photographs and the memorabilia in much detail. This was a history very well worth recording and the 200 photographs in sepia, or black and white, were most of them excellently produced for exhibition by William Kearney and Guy's Department of Photography, Printing and Design. A narrative which had been meticulously researched and written by Miss Mavis Fabling, a Tutor at the Guy's School of Nursing for many years, was erected page by page along the wall but was really only read briefly by the few who could find a space for two feet on the ground nearby. Very many people were unable to search among the prints for either themselves or their youthful friends, for the uniforms of the past and Staff Nurses they recalled, or for the handsome young housemen and well loved

'...hospital badges and certificates had been presented by HRH Princess Alexandra to the last nurses to receive them'

Consultants they remembered. Certainly few of them were able to read Miss Fabling's fascinating account but they heard from those who did how interesting it was. In consequence throughout the day one united request was heard - 'Why don't you make this lovely exhibition into a book so that we can all buy one?'

Astley Cooper Ward, Guy's Hospital c 1910

The book is now in the process of being published by Granta Editions in Cambridge and we plan to be selling it from April. We can highly recommend it as an authorised history of the world of nursing at Guy's, from the time Thomas Guy established his hospital for the poor of Southwark in St Thomas Street in 1726 until the last nurses completed their training in 1996. Those nurses of Sarah Gamp's era, and before that, worked under vile conditions and certainly knew little about any form of hygiene or nursing care, as we know from Charles Dicken's immortal character in Martin Chuzzlewit. Looking at these early photographs and rereading that chapter it occurs to me that Sarah could have been a Guy's nurse working out on 'the district' - 'She wore a very rusty black gown, rather the worse for snuff, and a shawl and bonnet to correspond.....it was difficult to enjoy her society without becoming conscience of a smell of spirits' - but she was dedicated (so she must have been a Guy's Nurse) 'she went to a lying-in or a laying out with equal zest or relish'. However in spite of her rough exterior she was probably tender hearted too for when she saw her husband 'a-laying in Guy's Hospital with a penny-piece on each eye

'She wore a very rusty black gown, rather the worse for snuff, and a shawl and bonnet to correspond.....it was difficult to enjoy her society without becoming conscience of a smell of spirits'

and his wooden leg under his left arm' she declared she would have fainted away. What horrors there must have been for patients and nurses in those dark days. Of course Sarah and her friend Betsy Prigg kept their spirits up by drinking gin out of the tea pot. No doubt some will say that this is another reason to suggest that they were Guy's nurses, although I doubt whether any of us in more recent times would own up to having had the time even on night duty for such relaxation: we were far too busy folding gauze squares to pack into autoclaving drums, and we also had frequent visits from rather awesome Night Sisters. Martin Chuzzlewit was first published in 1843, almost a hundred years after Thomas Guy opened his hospital, so nursing care was incredibly basic for a long time before there were signs of improvement.

'Of course Sarah and her friend Betsy Prigg kept their spirits up by drinking gin out of the tea pot.'

According to the narrative of Miss Fabling's Guy's Nurse, Sarah Chomeley, it was Dr John Steele, the first Superintendent of Guy's, who finally made proposals for the improvement of nursing duties in 1857 when he relieved the nurses of having to scrub the floors by introducing cleaners. Sepsis was rife among patients and fewer often reduced what staff there was. However at about this time conditions did begin to improve, for nurses were provided with bed and board and with uniform dresses and caps. Consequently their numbers increased, their general health improved and before long some form of training was instigated. In 1880 with the arrival of a new Matron lectures were introduced for them, they rotated their duties round the wards to gain wider experience and the age of entry for 'training' became 23. Out went the old brigade of homely untrained women. Probationers

H R H The Prince of Wales at Guy's Hospital, 1921

were now paid during their training but the lady-pupils paid handsomely for theirs, lived in Matron's House, had separate seats in Chapel and were therefore to spend longer at their devotions. By the turn of the century nurses had sent off-duty and between 2-4 weeks holiday each year, according to seniority. They were working a 57 hour week but in 1898 there were said to be 3000 applications for nurse training at Guy's. Tell that to the Managers today.

Christmas Pantomime, c. 1945

The lovely old photographs depict the uniforms of these years with their ruched and gathered white caps which looked more like bonnets and big floppy bows under their chins, all totally impractical for moving about let alone nursing the sick. As the twentieth century progressed nurses had to undergo a formal rigorous academic training with final written and practical examinations. The book depicts scenes in both the first and second world wars, for in 1940 Guy's was in the very centre of London's blitzes. Wartime economy helped to make the uniforms more practical, out went the criss-cross straps on aprons and the much loved 'strings' on the caps - although the latter returned after the war. Together with these scenes of devastation is an article written in 1995 by a senior member of the League entitled 'Nursing under fire 1940 - 45'. Awarded her 'blues' in January 1940 this former Guy's Sister and long-time Guy's Consultant's wife describes her fascinating and often frightening wartime experiences at Guy's and in Sector X - the Guy's Emergency Medical Service.

'The book depicts scenes in both the first and second world wars, for in 1940 Guy's was in the very centre of London's blitzes.'

Once into the photographs of the '50s and '60s we can all find someone we know. Many senior graduates of Guy's Medical and Dental schools will recognise the elegant sitting room in the Henriette Raphael Nurses' Home, with grand piano and palm, where we smoked our cigarettes in long holders before going on duty. There is even the little snack bar next to it where you could buy a cup of coffee and a Kit Kat and entertain boy friends - before 9 pm of course. There are pictures of students on ward rounds, Consultants dutifully attended by Ward Sisters, views of the wards bedecked for Christmas and New Year parties for young patients. The photographs recount the history of Nursing at Guy's and will enthrall anyone who browses through them, whether or not they have connections with Guy's. These pictures, together with the Story of the Guy's Nurse and the wartime memoir make this lovely book an essential purchase for 1997 - as a memento, as a gift or simply to treasure.

'There is even the little snack bar next to it where you could buy a cup of coffee and a Kit Kat and entertain boy friends - before 9 pm of course.'

Margaret Lamb

Nursing at Guy's 1726-1996'
A Commemorative Exhibition

A special copyrighted edition of 2000 copies of the hard backed book will be published by Granta Editions of Cambridge. It will be approximately 10" x 8" in size and will have a colourful jacket. The 120 photographs will be in black and white and it will include the Story of a Guy's Nurse, the commentary written for the Exhibition by Miss Mavis Fabling, Tutor in the Guy's School of Nursing from 1965 - 1976. It will also include the wartime memoirs of a Guy's Sister, 'Nursing under Fire 1940' written for our League Journal by Mrs 'Pip' Salmon.

Sold in aid of the Nurses' League Centenary Fund it will cost £12.00 and will be on sale from 1 April, p & p £3.00 (extra outside UK).

We anticipate a great initial rush on this first edition and to ensure that you will not be disappointed we recommend that you reserve your copies now by sending us this order slip as soon as possible.

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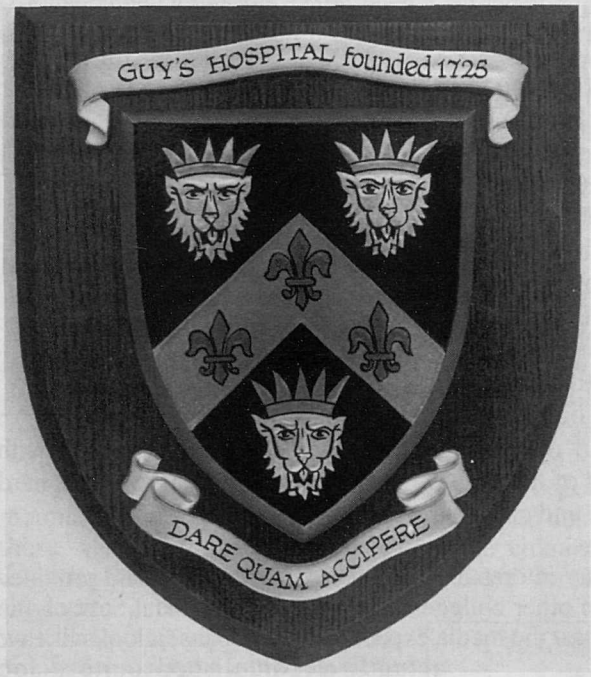
Guy's Hospital MEMORABILIA

Unique items available only from the Gazette



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Student Presidents Report

The year so far

Well, Barney finally got me to sit down and write this article I've been promising for the last 5 months. He said, 'Kieron, can you just write a little article about what's been going on in the United Clubs over the last term; you know, what do you actually *do* ?' Rather foolishly I agreed thinking it wouldn't be too hard, and then realised just why it is that everyone I know keeps telling me that I'm not doing anything. It is almost impossible to tie down even one solid achievement over the last 5 months. All my time seems to be tied up with running around taking care of the day to day details, that it can be very hard to find the time to sit down and concentrate on all my pet projects.

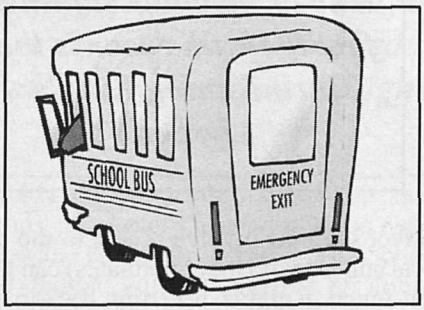
'Kieron....what's been going on in the United Clubs over the last term; you know, what do you actually do ?'

Last term was certainly very interesting, although fairly stressful and provided a lot of amusement to all the other colleges (especially the Medical Schools) in London. But once you look past the media exposure and bar bans, it looks like we actually accomplished quite a lot. Firstly, several new and vitally important offices were set up in Boland House. The first was the Sports Office which is half of the old SU Office., This is equipped with a fax machine and telephone to allow Club Captains to make phone calls and receive and send faxes at our expense rather than their own. The fax machine will be a vital tool as the ones in the Medical School cannot be relied upon to get to the relevant people on time. It is also now a requirement for all results to be faxed to the relevant bodies on time and last year several teams ran into trouble because they could not gain access to a fax machine in time. The other office is my spanking brand new

'Firstly, several new and vitally important offices were set up in Boland House. The sports office and my brand new President's office'

President's Office equipped with answerphone, fax and a ridiculously overpowered computer that I use to play games on when you all thought I was working.

Other achievements last term have included obtaining a new minibus to replace the old one which was (in the words of last year's President) fused to one solid lump of useless metal. The new bus is a 17 seater LDV with roof rack and will be available for Clubs to hire from the middle of January (although the Mountaineers might need to beg harder than most). The booking forms will be kept in the Beadle's Office at St. Thomas'. Choosing the bus was no great chore and was accomplished quite rapidly, unfortunately choosing the colour was very contentious and took the best part of two months of complicated negotiations. There was an insurmountable difference between those who stated that it must be blue and gold and those who claimed that the only sensible colours were red, white and blue. Eventually the United Nations were called in as a peacekeeping force and suggested a rather fetching pink with turquoise motifs, at which point all concerned settled on blue.



The brand new student minibus
(no photo was available!)

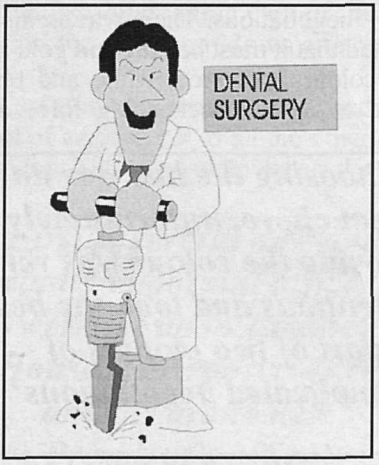
'Choosing the bus was no great chore, unfortunately choosing the colour was very contentious and took the best part of two months of complicated negotiations'

We have also dragged the United Clubs kicking and screaming into the 21st Century with the setting up of an E-mail address and a United Clubs Website for all the world to review our sins (off the UMDS Homepage). It is still currently very much under construction as I don't have the first idea about how to get the damn thing to work and so have been hassling the long suffering and saintly ISD staff at regular intervals. If anyone wants to update their clubs entries or has any suggestions, please come and see me. The Website contains information on the various student Clubs, an alternative

look at the Medical and Dental Courses as well as information on the libraries, computing facilities, welfare and the history of UMDS.

The AGM was last term and as usual was nowhere near quorate. This is obviously very disappointing and disheartening to the people who are spending their free time trying to do things for you all. There is no point moaning that your club does not have enough funding or that Hops are not as good as they used to be if you do not come along and make your views known (Kieron's big whinge). Fortunately, we were able to hold a quorate EGM a couple of weeks later to pass some constitutional changes. The ones which will directly affect students involve access to the bar. Full members of the United Clubs (Medical and Dental Undergraduates) can now admit up to 3 guests to all our bars on non-function nights, reverting back to one guest on function nights. In other words, you can bring three people down to the bar unless there's a Hop on when you're back to one guest. Associate and Affiliate members can now admit one guest on non-function nights but still cannot admit a guest to Hops. This was done with the intention of making the bars busier on the quiet nights, whilst still making sure that students get priority on the big nights.

'One of the biggest things facing us this year is the forthcoming King's Merger.'



A new generation of dental student from Guy's, Kings and St. Thomas'

One of the biggest things facing us this year is the forthcoming King's Merger. I know a lot of people are very confused as to exactly what is going on and are probably hoping that I'll be able to give them a better idea. Well sorry, I'm afraid you're out of luck. As far as I can tell, no-one knows what is going on with the merger, right up to the highest levels. I attended many meetings about the merger last year, and every one was different to the last. The problem is that it is such an enormous undertaking with everything interconnected,

that a small change in one part affects everything else rather like the butterfly that flaps it's wings in Africa causing a hurricane in Florida. Currently the official merger is meant to happen in August 1997, but is currently being blocked in Parliament by Simon Hughes, the local MP. If this continues, then the official merger may be held back to August 1998. In any case, before any practical differences can occur, all the necessary facilities for dealing with over 2500 students on the Guy's Campus will have to be built. Student Facilities would require more dining facilities, more bars and increased social areas, games rooms, gyms etc. There would also need to be a much bigger library, more work areas and computer facilities. The School has promised that we will have all this and students will not be worse off after the merger than they were before it. The other thing we all have to look forward to in the forthcoming merger is another curriculum change to confuse all the staff and students alike as both we and KCSMD have recently started new curricula.

'The official merger is meant to happen in August 1997, but is currently being blocked in Parliament by Simon Hughes, the local MP'

We have also been promised that we will be able to keep all our Sports Grounds, as will KCL (King's College, London) and KCSMD (King's College School of Medicine and Dentistry) so that there will not be any crowding on our sports facilities. An ideal area for new Student facilities would be the top floors of Boland House, making it a completely student area, but the Trust still needs the take rooms for at least another ten years. However, as a temporary measure, the School has suggested there might be an area round the back of Guy's near the Pavy Gym and the York Clinic where we could house more bars and refectories.

'all the necessary facilities for dealing with over 2500 students on the Guy's Campus will have to be built including libraries, work areas and social areas such as bigger bars'

Meetings with the Student Presidents at KCL and KCSMD have been quite encouraging thus far. We already have an agreement from KCL to allow us to keep our sports teams separate, with the option for our students to play for KCL if they wanted. This would help to keep the traditional events such as the Hospitals Cup alive and (along with UH teams) would provide another tier of playing ability

for people who are too good for our smaller college teams, but not quite good enough for UL. We have also agreed that we would be able to have some form of 'Medics Guild' which would include medical and dental students as well as all the biomedical sciences students at Guy's. This would allow us to have a system very similar to what we currently have with site Presidents at each of the 3 Hospital sites, each with their own sub committees for running the bars and social events. The site Presidents have also been offered seats on the KCL Student Union Executive which would ensure that we could have some input into the running of KCL. The contentious issues are having a sabbatical Medical/Dental President and funding for this Guild. Basically, we want a sabbatical and our own funding, and KCL aren't so sure that it's a good idea. However, since we already have a sabbatical and KCSMD already have a separate Guild which receives separate funding, we do at least have precedent on our side.

'We have also agreed that we would be able to have some form of 'Medics Guild' which would include medical and dental students...'

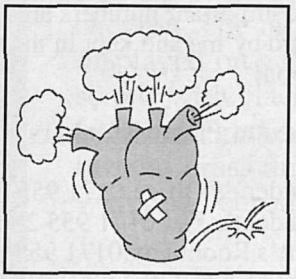
Future plans for the United Clubs include another effort to obtain newspapers for the Spit (negotiations and fund-raising are already occurring) and one of my little pet projects to obtain a long wheel base Land Rover for the Clubs in addition to the Minibus as this would be infinitely more suited to the sort of trips that the Mountaineers, Rowers and Sub-Aqua Clubs go on. It would also be of great use for Plasma to stop them trashing the minibus every time they transfer their enormous amplifiers around. Speaking of Plasma, plans are underway to improve the sound system in Guy's Bar to make it even louder (much to Tom's delight) and by next year the bar should be decorated blue and gold as opposed to the cross channel ferry decor it currently sports. It was meant to be done last summer, but the School and ourselves got our wires crossed and the School ended up redoing it in it's original colours. At least we managed to get blue and gold blinds.

'plans are underway to improve the sound system in Guy's Bar to make it even louder'

Forthcoming events for this term kick off with the all new improved Rag Week, now in it's new slot of the Easter Term due to the relocation of the 2nd MB exam. Rag Week this year runs from the 5th to the 15th of February with many manic

events culminating in the Rag Ball. It is vital that everybody gives as much support as possible to these events. We have one of the best Rag Weeks in the England and a fine tradition of showing up all the pointless left wing arty students who never get off their backsides. No-one has any important exams at this time so no-one has an excuse not to get involved and potentially we could raise more money than ever before. Look out for posters and details coming soon. The Hospitals Cup also kicks off again this year. As with Rag Week, the UH Cup is undergoing a radical change with all the Medical School mergers taking place. This year for the first time ever Guy's and St. Thomas' are putting in a joint team, as are Bart's and The London. Next year Mary's and Charing Cross will have a joint team (God help us) and shortly after that so will the Royal Free and UCH, and it seems probable that we will soon have to merge with King's somehow (which I'm sure everybody is looking forward to),leaving only George's still on their own. This will obviously have a drastic impact on the way the Hospitals Cup is run and within ULU Medical Council the various student unions have discussed ways of keeping it going and it may be that in a few years the Cup will become more of a round robin League Tournament rather than a straight knockout, so that we can keep the same number of matches.

'For the Hospitals Cup this year, for the first time ever, Guy's and St. Thomas' are putting in a joint team'



Medical art at its best

'Sporting plans are also afoot with proposals for the long awaited Astroturf at HOP drawn up.'

Sporting plans are also afoot with proposals for the long awaited Astroturf at H.O.P. drawn up. The plan is to apply to the National Lottery for the bulk of the funding and if it could be achieved, would make a magnificent addition to our facilities (and save the Hockey Club a lot of money). There is also a Blues Dinner planned for later on this term with the date still to be finalised. Other forthcoming events for this term include a United

Hospitals Social Event at Turnmills on the 29th January (similar to the 'Medics at the Ministry'event last year. And finally the BDSA Conference this year is taking place at Guy's which has almost nothing to do with the United Clubs, except that there are going to be many "alien" students around between the 25th February and the 1st of March and so there will undoubtedly be several prominent social events to tie in with it.

'..the United Clubs Council are here to help anyone who needs us. If there are any problems, please come and see one of us'

That's about al I can think of for the moment and I hope it will keep Barney happy for a bit. Just to end on a slightly more serious note, I and the rest of the United Clubs Council are here to help anyone who needs us. If there are any problems, please come and see one of us. All the important numbers are given below and any calls to my office will only be heard by me and kept in the strictest confidence if that is what you want. See you soon!

Kieron Rooney

Relevant Phone Numbers

President's Office:0171 955 5000 x3990
President's Fax:0171 955 2867
Sport's Room Fax:0171 955 8735
United Clubs Office (G):0171 955 5000 x5430/8897
United Clubs Office (STH):0171 928 9292 x3211
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E-mail address:student.union@umds.ac.uk

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A Visit to Cuba

Peter Masters

What does the word 'Cuba' conjure up for most people? The last time the country hit the headlines was in February last year, when Cuban air defences shot down a plane manned by Cuban exiles. I was ostensibly searching for any fellow Cubans running into difficulties in their attempt to flee their country using improvised rafts. Those of us who are more senior will recall the Cuban missile crisis of 1962, when the world was on the brink of nuclear war. The implication of these two images is that of a repressive communist regime, headed by Fidel Castro, a willing pawn in Soviet plans for world hegemony. The reality is far more complex.

Personal background

I qualified in February, 1943, after my second attempt at Finals. After two months at the Middlesborough Royal infirmary, Yorkshire, six months at Guy's as OPO and House Surgeon, and one month as locum Resident Obstetrician, I was called up in the RAMC, serving most of my time in India, Malaya and Singapore.

Having decided while in the army that pathology should be my career, on leaving the army at the end of 1946, I obtained the position of Resident Pathologist at Guy's, held jointly with Francis Jackson. Six months later I was appointed Pathology Registrar at the Evelina Children's Hospital, moving in 1952 to the Paddington Green Children's Hospital. There I met several Australian Medics, and this led me to apply for and gain the post of Pathologist in charge at the children's Hospital in Perth, Western Australia.

'...it was a study of Cuba's history which filled me with a desire to visit that country.'

I remained in this post until I retired in 1985.

However, it was a study of Cuba's history which filled me with a desire to visit that country. An opportunity to visit arose when I needed to visit the UK for family reasons in February. Realising that January was an ideal month weather wise to be in Cuba, I enrolled in an Australian-New Zealand Work Study Brigade, arriving at the end of 1995.

The visit to Cuba.

During our four weeks in Cuba as members of the Southern Cross Work Study Brigade - 23 of us from Australia and two from New Zealand - we *bridagistas* were based on a state-run camp an hour's drive from the centre of Havana. Our work consisted mainly of picking citrus fruits, an industry developed since the Revolution in order to help diversify the agricultural base, and it took only seven half-days of our stay. We made several day trips, and one week-long journey to two eastern provinces, visiting various industrial, educational and service establishment, including a children's hospital, a polyclinic and a unit housing a family doctor/nurse team. These last were clearly inadequate in providing more than an introduction to Cuba's health care system, so I was pleased to obtain from two British *brigadistas* at the camp the address of the London based office of the Cuban Solidarity Association. There I learnt about *Hippocrates in Havana* written by Dr Theodore MacDonald and published in 1995.

'Our work consisted mainly in picking citrus fruits...'

Dr MacDonald is uniquely qualified to write about Cuba's health care system because of his wide and varied experience in both education and medicine. He first worked in Cuba as a teacher, returning after qualifying in medicine to teach in its medical schools. At present he is Director of Postgraduate Studies in Health at Brunel University College in West London.

The remarkable success of Cuba's education and health care system since the 1959 revolution in spite of economic constraints has valuable lessons for other countries, provided we approach the subject with an open mind. Cuba does not fit comfortably into any of the usual pigeon-holes in which the media delight. It is not a third would country, nor does the label 'communist' adequately describe its social and economic system.

'The remarkable success of Cuba's education and health care system since the 1959 revolution in spite of economic constraints has valuable lessons for other countries...'

Education as the key

When the revolution triumphed, the social contrast between the two main cities, Havana and Santiago, and the remainder of the country was stark. Basic infrastructure, professional employment, schools and health services were concentrated in those two cities, while the countryside had been neglected. the contrast is well illustrated by the adult literacy rates which, although 75% overall, were only 60% on the average in the countryside.

'...of the 6000 medical practitioners in Cuba in 1958, half left the country soon after the Revolution.'

For this reason, one of the revolutionary slogans was 'discrimination in favour of the countryside'. This was tackled by land reform-land to the peasants, so that they were no longer dependent entirely on seasonal labour in the plantations - and by an aggressive road building programme. 1961 saw the beginning of a sustained campaign to improve the education of the whole population, adults as well as children. The goal was to teach everyone to read and write, and this was achieved by the use of a large army of volunteers, many of whom were deployed in the countryside. The Great Literacy Campaign attracted world-wide attention, including praise from UNICEF.

The improvements in education were basic to the development of the health services. These had previously been almost entirely privately run, with the poor in the cities having recourse to the charity of the Catholic church. Moreover, of the 6000 medical practitioners in Cuba in 1958, half left the country soon after the Revolution. In spite of this, by 1975 there were 10,000, by 1987 there were 17,000, and by 1995 there were 31,000, whilst the number of medical schools had increased from one to sixteen.

'Trained nurses have increased from 800 to 40,000, and dentists from 1000 to 4000.'

A similar expansion has taken place in other health care personnel. Trained nurses have increased from 800 to 40,000, and dentists from 1000 to 4000.

The building programme.

The expansion of state-run education and health services required a massive building programme. In many instances existing buildings were taken over. The children's hospital we visited in the provincial capital of Camaguey was housed

in what had been a private medical clinic. In 1958 there were 97 hospitals, only one of which was rural. In 1990 there were 264 hospitals, 60 of which were rural. Over the same period, the number of children's hospitals increased from 3 to 27.

People Power

Fidel Castro and his government were committed to providing universal education and health care, but such a massive task could not have been successfully carried out without input at grass-roots level. Two organisations proved to be crucial: Committees for the defence of the Revolution (CDRs), and the Cuban Federation for Women which, in its Spanish form is shortened to FMC.

'One of the FMCs biggest tasks was to counter the culture of machismo which permeates the whole of Latin America.'

The CDRs are local committees whose public meetings all persons over the age of 16 are encouraged to attend. Originally developed to unmask counter-revolutionaries, the CDRs soon became involved in promoting the positive aspects of government policy. The Literacy Campaign was an early example. As the abortive Bay of Pigs invasion and the Missile Crisis faded into the past, CDRs began to press for a national voice, culminating in the creation in 1974 of a National Assembly. Groups of CDRs combine to elect an a Assembly of members from candidates who have been put forward. Members have to report back at public meetings held every three months, and could be replaced then and there if they are considered to have failed their trust.

The FMC faced a more uphill battle. Formed in April '59 'to promote and protect the interest of women and their children in revolutionary Cuba', it was accorded statutory recognition by the government a year later. At that time it was assigned the task of establishing 'institutions for the education and protection of workers' children.'

'The many illegitimate children produced are often abandoned...brought up in the Catholic orphanages under conditions of squalor and harsh discipline.'

One of the FMCs biggest tasks was to counter the culture of *machismo* which permeates the whole of Latin America. One of the world aspects of this culture is that it accepts the need for men to 'have a chick for pleasure', as recounted by

MacDonald in terms of a personal experience when working in Cuba as recently as 1985! The many illegitimate children produced are often abandoned, and before the Revolution were brought up in the Catholic orphanages under conditions of squalor and harsh discipline.

'The combined efforts of the CDRs and the FMC led to...the responsibility of men to share in the household chores.'

The combined efforts of the CDRs and the FMC led to the passing by the Assembly in 1975 of a Family Code which, among other things, enshrined in law the responsibility of men to share in the household chores.

Developing a health care system

The first few years after the revolution were chaotic, as the Cuban government and people faced an acute shortage of trained personnel. They needed emergency measures to bridge the gap between the exodus of doctors, dentists, nurses and others shortly after the Revolution and the availability of newly trained people.

This quote from MacDonald explains how the nursing shortage was tackled: 'Former prostitutes constituted a significant part of the intake into these emergency schemes. As well, all nurse trainees within a year of taking their final (third year) qualifying examinations were taken off their courses and organised as Nurse-Teacher Brigades to work in the hospital alongside the large body of unskilled people pressed into nursing service. By mid 1960 it was realised that the traditional high quality three year nurse training course, which had been successfully producing the 'right sort of people to wait on the wealthy classes in urban hospitals, was not....relevant to the needs of the revolutionary Cuba.'

'...to work in the hospital alongside the large body of unskilled people pressed into nursing service.'

Just over a year after the revolution, an Act to create the rural medical services was promulgated. To quote again:- '(it) stipulated that, upon graduation, doctors were to serve in rural communities full-time for a year, a period later extended to two years. It also formally stated that graduate nurses were public servants and could be sent anywhere in Cuba.'

The US trade embargo, begun in July 1960 and tightened early the following year, added to Cuba's difficulties, especially in relation to drugs and medical equipment. It also attracted sympathy for Cuba's plight around the world. The

Algerians in particular, whose struggle to end French rule spanned the period of Fidel Castro's fight against Bastia, were watching closely, and sent a delegation soon after they gained independence in July '62. They were profoundly impressed by the success of the Great Literacy Campaign and, to quote from MacDonald's book, 'no sooner had they returned than the Cuban Ministry of Public Health was invited to send a group of teacher-nurses to spend four months in rural Algeria teaching villagers the rudiments of hygiene.'

'More than half of these deaths were due to acute diarrhoea, mostly in babies and young children.'

This was the beginning of a new export industry for Cuba, in which health, education and other professionals were to work in countries in Africa and central America who were struggling to improve the social conditions of their people. Such activities of young Cubans played an important part in keeping alive their ideological commitment.

Early specific health targets

In 1962 the Cuban death rate from infectious and parasitic diseases was high - 94 per 100,100. More than half of these deaths were due to acute diarrhoea, mostly in babies and young children. This problem was tackled early in the Revolution by health education and improvements in water supplies and sewage disposals, so that deaths from diarrhoea were reduced from 57 in 1962 to 18 per 100,000 by 1970.

In 1962 Cuba began intensive campaigns against polio, malaria and diphtheria. Polio was eradicated in 1963, malaria, which had killed 30 people in 1958, was eliminated in 1968, and diphtheria, which had killed 600 in 1958, was gone by 1971.

'Polio was eradicated in 1963, malaria, which had killed 30 people in 1958, was eliminated in 1968...'

By the early sixties routine immunisation of infants included, as well as diphtheria and tetanus toxoids, and pertussis and polio vaccines, BCG and typhoid vaccines, owing to the relatively high incidence of tuberculosis and typhoid in pre-revolutionary Cuba. Full coverage of the population by these immunisations was not attained at once, and had to await improvements in the delivery of health care. However, there was a rapid fall in infant mortality (deaths

in the first year per 1000 live births) from 60 in 1958 to 28 in 1974. The figure for 1994 was nine.

Maternity care as an early priority

One of the few senior staff in Havana medical school who did not flee to Florida after the Revolution was the Professor of Obstetrics. A survey which he carried out soon afterwards convinced him of the need to aim for the elimination of home births, and this aim was adopted by the government. This took time to achieve, especially in country areas, but by 1976 97% of births were taking place in hospital.

'The focal point for delivery of health care in each district is the polyclinic.'

Other early initiatives were a campaign begun in 1961 to encourage breast feeding, and the development of antenatal care. Maternal mortality per 1000 was reduced from 21 in 1958 to 0.5 in 1976.

Delivery of comprehensive health care, including the preventive measures I have just described, needed a new organisation capable of co-ordinating preventive and curative services at both a family doctor and specialist level. Dr MacDonald gives credit to the head of Public Health, Dr Julio Martinez Paez, for planning the new system back in 1959.

The focal point for delivery of health care in each district is the polyclinic. This provides a home base for some 20 family doctors, as well as a range of para-medic workers, and a place where hospital-based specialists can hold clinics. The Ministry of Public Health declared primary health care and community health promotion to be the priorities, with emphasis upon child health, maternal health, internal medicine and dentistry. By 1976, 336 polyclinics had been established, compared with 255 hospitals. I believe that the ratio of polyclinics to hospitals is higher in rural areas in order to reduce travelling time for the patients there.

'I believe that the ratio of polyclinics to hospitals is higher in rural areas in order to reduce travelling time for the patients there.'

The family doctor programme was the term introduced in 1984 when the increasing number of doctors becoming available made an upgrading of family

health care possible. Two concepts were involved. One was to provide specialist training in family medicine, as was happening in many other countries. The other was to bring the family doctor, nurse team closer to its clientele by housing them in the community in flats in the same building where their patients were examined. By the mid-eighties Cuba had enough doctors and nurses to provide a doctor/nurse team for every 700 people. As MacDonald writes:-

'What this has meant for some years now is that the relationship between doctor and patient in Cuba is rather different from that which prevails in other societies. A typical Cuban doctor, with only 300 (families) on his list, is in a position to visit them all in their homes on a regular basis, rather like a priest making his parish rounds...Such a doctor/patient ratio also guarantees a much less formal relationship, and makes it much more likely that a person troubled by some problem, not necessarily medical, will discuss it with the doctor. Statistics show that in districts served by the Family Doctor Programme the rate of detection of asthma and hypertension doubles.'

'...one might assume that resources in Cuba for high technology in medicine would be unavailable. In fact, Cuba has several pioneering advances to its credit.'

High technology in Cuban Medicine

With this the emphasis on family and preventive medicine, one might assume that resources in Cuba for high technology in medicine would be unavailable. In fact, Cuba has several pioneering advances to its credit, particularly in connection with the pharmaceutical industry. To quote from MacDonald:-

'(Before the revolution) two American pharmaceutical houses dominated the Cuban market, and they charged exorbitantly. With the new government came expropriation...,(so that) the production and distribution of medicines.. passed into the nation's hands. This meant a radical lowering of prices and a great increase in production.., as sectors in the community hitherto were unable to afford medical treatment became represented. By 1974 national production of medicines had increased in volume by 80% and in type by 300%.'

Two specific challenges which the industry met were respiratory distress syndrome and meningococcal infection. In 1988 Cuban biochemists succeeded in synthesising surfactant, the naturally produced substances, often lacking in premature babies, leading to inadequate expansion of their lungs, associated with

changes known as 'hyaline membrane disease.' Although this was not a first, it circumvented the US trade embargo, which embraces medical supplies and applies to subsidiaries of US pharmaceutical firms in other countries.

The other challenge was rise in the incidence of meningococcal infections in the 70s and 80s. The incidence in Cuba of meningococcal meningitis rose from 0.5 per 100,000 in 1970 to 4.4 in 1980 and 5.5 in 1987. Most cases were due to the group B variety, as in most industrialised countries, in contrast to the situation in sub-Saharan Africa, where group A, and to lesser extent Group C, meningococci are largely responsible.

'The other challenge was rise in the incidence of meningococcal infections in the 70s and 80s.'

Although vaccines against group A and C had been available since the late sixties, attempts to produce an effective vaccine against group B meningococci had failed. In the late mid-eighties Cuban scientists developed a vaccine which was evaluated in Cuba over the period 1987-9, and in Brazil during 1990-91. The latter study was reported in the Lancet of 31st October 1992. Carried out with the co-operation of the centres for Disease Control, Atlanta Georgia, it reported an estimated efficacy in children four to six years of 74%. According to MacDonald, the Ministry of Health claimed in April 1991 that all Cubans under 20 had been immunised with their meningococcus group B vaccine.

Tobacco and the smoking issue.

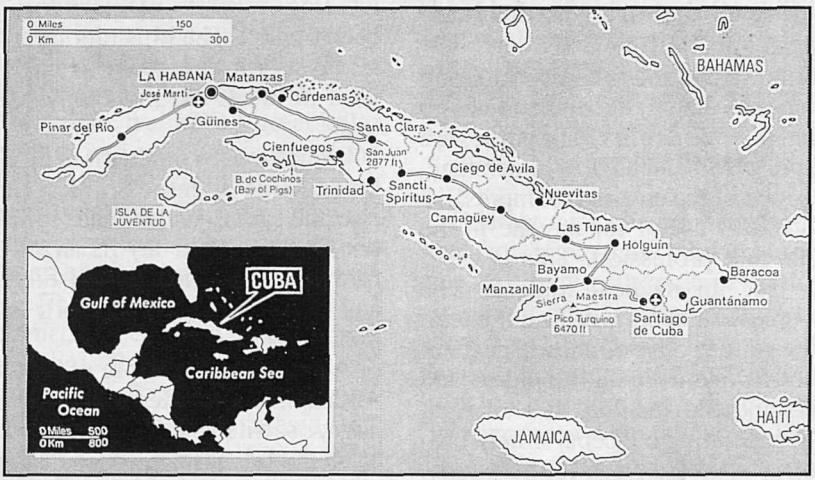
This has been one of the blind spots, healthwise, among Cubans, arising from the fact that they have a sizeable tobacco industry and are very fond of their cigarettes and cigars. The first jolt to their complacency came in 1974 with an outbreak of tobacco mosaic virus. This affected the Tobacco production so badly that the Government rationed domestic consumption in order to preserve the export trade. It led to adopt for the first time a campaign on the health hazards of smoking. This was not sustained, however, and it was not until 1987 that Cuabn-manufactured cigarettes and cigars carried health warnings on their packaging. Around the same time, Fidel himself gave up the cigar-smoking for which he is internationally famous!

'...they have a sizeable tobacco industry and are very fond of their cigarettes and cigars.'

Cuba's health care - a global perspective.

I am now aware that in this short essay I have given only a bare outline of how Cuba's health system has developed. Its achievements have certainly been an inspiration to many poor countries, but are equally challenging to the more thoughtful in affluent countries like Australia. Cuba's experience poses some fundamental questions about priorities in our consumerist individualistic societies.

Peter Masters



A Map taken from Peter Marshall (1987) 'Cuba Libre: breaking the chains?' Victor Gollancz, London, UK

Concise Colour Medical Dictionary

4th Edition
Oxford Paperback, Oxford University Press
ISBN 0-19-280055-8

An essential part of a medical student's library is a good medical dictionary. This dictionary provides 10,000 clear and concise entries covering all the major medical and surgical specialities.

Format is limited when considering dictionaries and it is difficult to go wrong, this one doesn't. The entries are well presented and easy to understand. The scope of the entries are impressive and make it useful for anyone in the Health care profession. This is especially true for medical students. The pre-clinical students will find it excellent because it covers many aspects of the body systems in an intelligent and understandable fashion. It's strength lies in explaining concepts simply providing a solid base for further study. For clinical students it has a broad base of entries ranging from General Surgery to Gene therapy. The best features in my opinion are the excellent entries about various drugs used in the clinical setting. Although by no means comprehensive most major drugs are covered by well written entries covering use, action. side-effects and trade names if applicable.

There is an intelligent indexing system which indicates related definition. This is helpful when a subject is poorly understood allowing a quick appreciation of the subject without having to wade through an excess of information as often occurs in textbooks.

The book isn't without its faults. The title of the book heralds the bringing in of 'colour' to a medical dictionary. Each entry is written in blue, there are no colour illustrations and the opportunity to have a colour coded system indicating subjects of similarity have been missed. The illustrations are very rarely useful and seem to have been used to break the monotony of plain text.

Overall the combination of a very broad range of entries, which are concise and easy to understand (something not to be sniffed at) in an effective format makes this a good dictionary and one that I would happily recommend.

A minor aside to those of us who are students, various Medical Associations always seem to hand this dictionary out at their student fairs, so you can probably pick one up for free.

Dev H Gadhvi

Suer Beware

When I first came to Guy's - many years ago now - I worked much of the time with patients attending for treatment of what were then known as venereal diseases. These disorders have subsequently become known as sexually transmitted diseases within the province of genito-urinary medicine.

The one distinguishing factor about practically all of these conditions at that time was that they could all be readily cured, or at least were not fatal. Syphilis, which had been a great killer in the nineteenth and early part of the twentieth centuries, had succumbed to successful therapy. Therefore, few, if any, of our patients expected to die imminently as a result of the diseases we were treating them for. We were not accustomed to dealing with death and dying, only to the containment of disease, which if left untreated, increased morbidity. We were able to reassure all who crossed our threshold that there was little to fear, and we would eventually see most of them leaving us - smiling and healthy.

Then, in the early 1980s, along came the mysterious cases of immune deficiency which we now know as AIDS. This altered our whole perspective of work. No longer were we able to offer the easy reassurance to all patients as had been done in the past. Our work continued, but with the major difference, that it regularly and daily confronted death and the dying.

Now, I know we had all undergone comprehensive training, and had previous experience of dealing with the mortal conditions that afflict all humankind, but we had lost our contact with this over the time we had spent in genito-urinary medicine nursing. We were both suddenly, and shockingly, confronted with a presumed infectious disease, which could not be cured, and attracted great deal of publicity.

No longer were we able to bid farewell to all our patients amidst a host of smiles. Many of them we were going to bid a final farewell at the end of their lives. And their lives were often short: many of those contracting AIDS were very young.

This meant a change of attitude by staff working in these clinics, but while new staff may have anticipated the environment they were coming to, what about the staff who did not expect they would find themselves plunged into the front line amongst death and the dying? How prepared were we? And were the employers right to expect us to suddenly be able to deal with the unexpected?

Policemen are trained to deal with all sorts of crises - tragedies, disasters and traumas. Yet somehow a few of them have managed to claim considerable damages when faced by the scene at the Hillsborough football ground.

Cannot staff, who found themselves confronted by AIDS, contracted to deal

with more mundane sexually transmitted diseases deemed curable, request similar consideration? After all, it was a great shock to the psyche of staff - and they were unused to telling young people that a cure could not be provided.

Furthermore they had to care, often over many weeks and months, for these young patients whose condition they would observe as it deteriorated.

But is all this notion of claiming damages, or suing, a load of rubbish? After all, in past days nurses contracted infectious diseases from their patients, and themselves sometimes died. At least this was unlikely with AIDS. Or was it? Universal precautions were not so widely practised, or at any rate before AIDS there had been less to be cautious about. But the incidence of staff catching AIDS seemed to be negligible. So why all the mania for categories of occupations expecting massive sums, like a lottery win, over and above their normal pay?

Is this further evidence of the litigious measures that have spread across the Atlantic? If something isn't right, always look for someone to blame and then sue them!

As nurses, we may be more, likely to be victims of this than we were in the past; patients are more inclined to complain and seek redress in the courts. Why not just jump on the band wagon and get in on the action ourselves. But I wonder how successful we would be?

Denis Cobell

Eric Corney Lewis

Lewis, Eric Corney LDS (Guy's 1934-1939) died peacefully on 23rd Dec '96 after a short illness at 84 yrs of age.

He was the eldest son of a well known South Wales dentist - Corney Lewis - and following his training at Guy's took a commission in the Royal Army Dental Corp for the remainder of the second world war.

In 1947 he returned home and took over his father's dental practice in the village of Taffs Well near Cardiff. He was a founder member of the South Wales Guy's Society and became secretary of the local section of the British Dental Association for a number of years. His Dental activities expanded far beyond the practice and he was a Clinical Assistant in the Oral Surgery Dept at Cardiff Royal Infirmary for some years until he became one of the inaugural staff members of the 'New' Dental Hospital in Cardiff in 1965.

He remained a part-time lecturer in the prosthetics dept until his retirement in 1976, when he and his wife Ida retired to Croyde Bay in North Devon.

He will be deeply missed by his wife Ida and two sons - David - a photographer, and Christopher (Guy's Dental School BDS 1966) who has taken over the family dental practice - and all other family and friends, especially his five grand-daughters.

Christopher Lewis

Cash

January is not exactly the most popular month, after the hustle and bustle of Christmas and the New Year celebrations, January is a time of belt tightening and penny pinching.

While the month is particularly long for people awaiting pay day, students can find it equally as miserable (not everyone gets cash from Santa!). True enough the long awaited second Grant cheque is due but once it arrives there are many debts to be payed.

Renting a private house or flat can be one of the biggest outgoings a student has, not only does the rent need to be payed but you also need to budget for heating, water, insurance and maybe even the council tax. Even when living in UMDS Hostels, where most of the bills are included in the rent, managing money can be a problem.

Most students seem to be fully aware of the sources of funding available to them e.g LEA mandatory awards, Student Loans, Bank Loans, Part time work and sympathetic family members!

Unfortunately most people do not know what to do when the above mentioned income is no longer sufficient. As students at UMDS most people will study for at least five years if not longer and the reality of this situation is a healthy amount of debt on graduating. Debt is a four letter word that means different things to different people, as a soon to be Doctor or Dentist, you can take advantage of the numerous packages offered by the Banks who look on you as an investment. Interest free overdrafts and minimal interest bank loans are not just attractive offers but sometimes necessities.

Some people panic when they are £50 overdrawn while others do not flinch at £15,000. The only rule to be remembered when considering your own finances is that you must understand and be happy with any decision you make.

Money worries are the biggest problem a student has to face (apart from passing exams) but there are people available to help you.

There is nothing worse than having exceeded your credit limit and waiting for the Bank to call you in. Be brave make an appointment to see the Manager before he/she calls you, having a budget sheet already prepared will not fail to impress as this shows you are facing up to responsibilities

Working out your budget for the first time can be both daunting and confusing, get help from the Welfare Officer, she will be able to remind you of various outgoings that can be over looked and explore other avenues of funding. The Welfare office is completely confidential and non-judgemental and facing up to your financial situation now you really will have a happy new year.

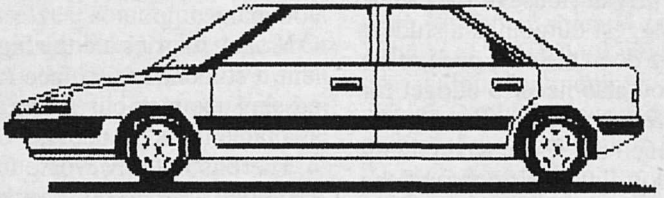
Alison Aherne
Welfare Officer

IAN & PAT

at

R W Autos

2a Morocco Street, SE1 3HB
(just off Bermondsey Street)
(Telephone: 0171 407-2403)



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Rugby

Guy's 1st XV v Beckenham
HOP 2nd November 1996
Won 37 - 33

This was a curious sort of game. Guy's were showing several injuries after the league defeat of the previous week. They were missing the Captain, Greg Ryan, but (also nursing injuries) Mark Jenkins, Matt Rose and Finbar O'Sullivan, but making a very welcome return to the side was Neil Davies.

In the continuing absence of injured two scrum halves, Stephen Morgan made his debut at scrum half. The side showed a new centre pairing in Steve Lewis and Nick Gibbons. As has become customary Guy's gave away 5 points in the first minute to give their opponents heart. It was immediately clear that Guy's problem was going to be getting sufficient ball to play with. The scrum with the makeshift hooker lost three against the head in the first half alone and the lineouts appeared to be a shambles. Guy's really need to work in this area in training and if the 1st team hooker is unavailable then tactics need to be worked out well in advance of the actual match.

After an exchange of penalties, Ugo Eukowa sped away for the first of two tries, both converted by Nick Gibbons. On both occasions Neil Davies made the initial break. However with Beckenham scoring another try and a penalty the half time score was 17-21.

The second half was exciting. First of all Guy's went further behind with another good try to Beckenham and then Ugo scored his third try of the match. Billy Challacombe then ploughed over for another and the lead was finally taken when Gibbons put over a penalty. However Beckenham came back with a kick at the post and Guy's forever keen to keep the game alive and make it exciting eschewed the chance to kick directly to touch and instead kicked to the opposition who ran the ball back at them and nearly scored. Call me old fashioned, but why not touch the ball down behind the line and with the wind take a 22 drop out into the opposition half? The match went into the last 10 minutes with Guy's holding a one point lead. Pete Davis who had played outstandingly well throughout made some crashing tackles to rock the opposition back and keep the Guy's line intact. He was well supported by Billy Challacombe.

The game was almost made safe when Guy's took the play from their own 22 and passing briskly through Breeze and Ugo, Steve Lewis dashed over and at the posts at the far end amid much joy in his first game for a year. However there was still time for Beckenham to make one more sortie to the Guy's line to take their score within a score. However Guy's just held on to win and exciting match by 37 points to 33. Davis was undoubtedly the man of

the match but others who caught the eye apart from Davies were Morgan at scrum half and Eukowa in the backs as well as Dai Woodford at prop looking a little more solid and more confident than last year.

SJC

Team:
Baladasoran D, Slim D, Hostert L, Wood B, Challacombe B (Capt), Davis P, Scholefield B, Morgan S, Davies N, Gibbons N, Lewis S, Eukowa U, Breeze R, Lawton G, Woodford D.

Guy's 1st XV v Winchester
HOP 9th November 1996
lost 15-48

Guy's lost their fourth League game in a row and this time by a rather larger score than previously. There were extenuating circumstances since following a disciplinary meeting the previous day, no fewer than 15 members of the club had been suspended, including five members of the 1st XV pack for alleged misdemeanours on their early season tour to Plymouth.

This had a predictable effect in that Guy's were starved of possession throughout. With a makeshift front row they lost several scrums against the head with new jumpers in the lineout and a new thrower in of the ball, the lineout looked very uncoordinated and very little possession was won.

It was left to the backs to shine. Stephen Morgan at scrum half showed that even behind a retreating pack he could get the ball away with alacrity. This was clearly enjoyed by Neil Davies at fly half who several times showed us that marvellous Barry John touch where he ghosted seemingly through the large flank forwards to emerge at the other side unscathed.

For the first 20 minutes Guy's played reasonably well and kept their large opponents at bay. However the latter part of the first half saw three quick tries and two penalties to Winchester and a try by Bevan on the wing. In the second half when Guy's did get possession they passed the ball all over the park and won many plaudits for their attractive style of play rather against the odds. However Davis again having a magnificent match went over near the posts and towards the final whistle Greg Ryan made a Captain's run almost to the line and was able to slip the ball to Hostert to score. In the interim however Winchester had scored several times and added a penalty and the final score was 15 points to 48.

Team:
Baladasoran D, Fresher D, Hostert L, Styrme S, A Another, Ryan G, Davis P, Morgan S, Davies N, Jenkins M, Gush P, Bevan D, Eukowa U, Gibbons N.

SJC

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Annual Dinner

South Wales Guy's Hospital Society

The annual dinner will be held at 7.30pm in the Wedgwood Suite, Park Hotel, Cardiff on Saturday 1st February 1997 on the night of the Walse v Ireland international rugby match.

All Guys, UMDS students, graduates, nurses and therapists are invited to attend. A guest speaker from Guy's and musical entertainment will be provided.

Those interested in attending please contact:

Mr D E Sturdy MS FRCS
Rothesay,
22 Slow Park Circle
Newport
South Wales
NP9 4HF
Tel 016332 64646

SMEC Annual Awards Dinner

This is to be held at the Royal College of Physicians on Friday Febuary 21st 1997.

£35 for graduates £25 for students. Black tie

Guest speaker is:
Dr W Gramsden, Microbiologist
Tickets can be obtained by writing to the:
SMEC office, Boland House, Guy's Hospital

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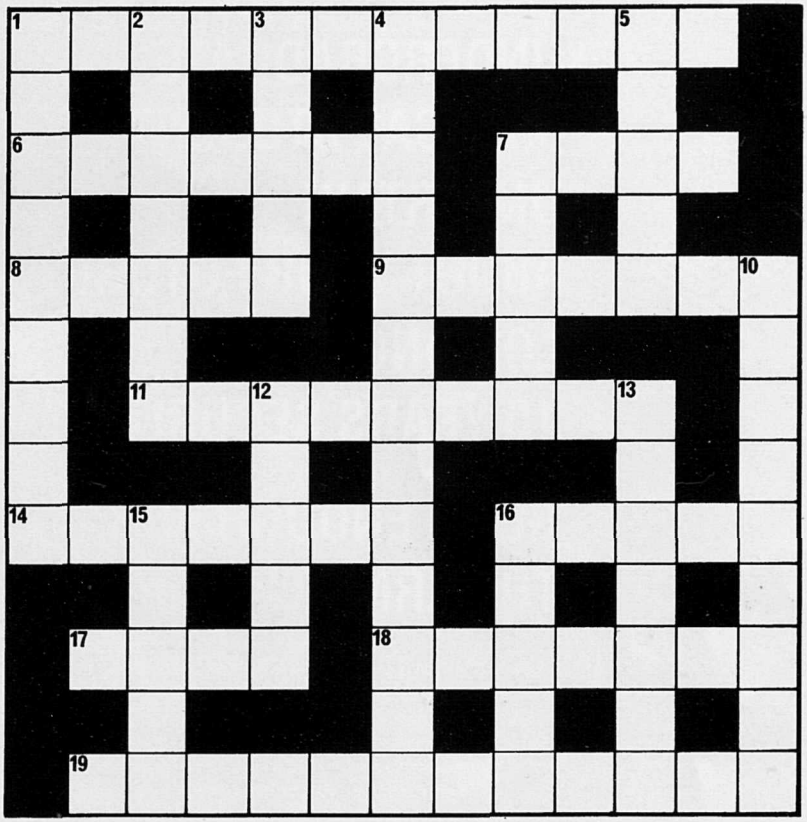
For more details please contact,
Michael Robinson - 01643 862594 (evenings)

Deaths

LEWIS Eric Corney LDS (Guys' 1934-1939) died peacefully on 23rd Dec 1996 after a short illness at the age of 84yrs of age.

THE GAZETTE CROSSWORD No. 2



ACROSS

1. See 10 down.
6. The main export of the Langerhans' Islands. (7)
7. When wormed, it could be a useful measure of length. (4)
8. It takes nerve to see such illusions. (5)
9. " 'Tis the voice of the—; I heard him declare,
   You have baked me too brown, I must sugar my hair!"
   Alice in Wonderland. (7)
11. Ace toasts are swallowed by this side of the country. (4, 5)
14. Right in but after brief September it can be used for nasty bugs. (7)
16. Top marks (sic) if you know this popular religion. (5)
17. If crossed with silver, it may produce fruit. (4)
18. Not accurate in enforcement of payment. (7)
19. Such a model appears in Vogue and the Science Museum. (12)

DOWN

1. No soup is stirred to be harmful. (9)
2. A prize given as a flower for one who abstains to a point. (7)
3. A horsey complaint that can be made by mixing oil in a couple of hundreds. (5)
4. Can Ginns learn to alter investigating some bodily function. (5, 8)
5. Soldiers in puttees should look neat on parade. (5)
7. First class but though backwards, is a firm support for the body. (5)
10 and 1 across. A pathologist's bread and butter? (9, 12)
12. To hesitate in addition will cause fluid to form over clots. (5)
13. A neat tree results if you cut the hedge. (4, 3)
15. Softly, every one is a toothsome delicacy. (5)
16. Surgery over a period of time is needed for vocal drama. (5)

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GOOD ENOUGH FOR THE ARMY?

If you are within 3 years (or less) of graduation you may wish to consider Army Sponsorship. The Royal Army Medical Corps (RAMC) offers cadetships to suitable candidates. Medical school fees are paid by the Army, cadets receive an annual salary in excess of £10,000 and there is no military commitment during the undergraduate years - unless you want us to arrange your electives and attachments.

If you are interested in being a doctor in the Army for 6 years following full GMC registration we shall provide financial help during your medical studies. To find out more and learn about the RAMC, attend one of our monthly familiarisation visits.

Why not let us help plan your future?

ARMY
OFFICER

BE THE BEST

For further information, including details of the RAMC, the cadetship scheme and rates of pay, write to Col (Retd) AP Willman, Officer Recruiting, Regimental HQ RAMC, Keogh Barracks, Ash Vale, Aldershot, Hants GU12 5RQ. An applicant must be a UK citizen, pass a medical and successfully appear before a selection (interview) board before a cadetship is awarded.

NAME _____

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GUY'S HOSPITAL, MEDICAL & DENTAL SCHOOLS

Gazette

February/March 1997

- Interview with Professor Ellis
- Uhthoff's Symptom
- United Hospital's Cup Final

MEDICAL CADETSHIPS IN THE ARMY

The Armed Forces are Equal Opportunities Employers

ARMY OFFICER

Cadetships. The Royal Army Medical Corps (RAMC) offers cadetships to medical students who are in their final three years at Medical School. Fees are paid by the Army and students receive a total salary over 3 years in excess of £30,000. As a pre-Registered House Officer (PRHO) cadets are promoted to Lt, salary increases to £22,520 and they would be expected to carry out one of their 2 PRHO jobs within a Service hospital. Promotion to Captain follows on full GMC registration and salary increases to £28,707. After a 4 month basic military course medical officers join their first unit as a Regimental Medical Officer (RMO) with the infantry or armour.

First Appointment. Now your ability as both a doctor and an officer are put to the test when you start your 6 year Short Service Commission (SSC) career as a Medical Officer (MO). There are rewards: excellent sports opportunities and facilities; adventurous training; expeditions and world wide deployment. Before you complete this tour, and in consultation with your careers manager, you will have decided which post graduate training option you wish to pursue; general practice, public health or occupational medicine or a hospital speciality.

Operational Deployments. Medical Officers in the RAMC support the British Army wherever it is deployed; at home, abroad or during six month United Nation operational or humanitarian tours. The RAMC are currently deployed to, or have served during the past twelve months in, Bosnia, Rwanda, Angola and Kenya.

for further information about RAMC Cadetships write to:

Colonel (Retired) Tony Willman.
RHQ RAMC. Keogh Barracks. Ash Vale. ALDERSHOT. Hampshire GU12 5RQ

Alternatively. Telephone: (01252) 340307/340309 or FAX: (01252) 340224

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Guy's Gazette

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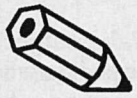
Passim

Finally Guy's Hospital's own rugby club (the official name now being Guy's and St Thomas' Rugby Club of UMDS, as changed by the Council of Governors late last year) has something to be proud of. All three teams have reached the United Hospital's Cup final this year. The 1st team, having not won it since 1972 and having not played in it since 1983, have achieved a great feat to get this far and will hopefully be even more successful (2.30pm kick off, Old Deer Park, Richmond, March 5th).

It is St Mary's Medical School who have the unenviable task of being our opposition in every final and so there is no doubt that rivalry will be running high. This year, however, the confrontation is being suppressed by the powers that be, in order, understandably, that over excited medical students do not cause bad press. We are now in a time when hospitals and medical schools have to gain financial support from companies for sponsorship and research funds; bad publicity can only be a negative influence it is believed. But oh how things have changed! You only have to watch 'Doctor in the House' to relive the flour battles in the centre of London and the stealing of treasured mascots acquired the year before on the annual raids. Also, the not so distant rivalry with St Thomas' heralded a great story of how certain Guy's men wrote 'Guy's for the Cup' below the water tide mark of the Thames opposite the Hospital. Has all this innocent fun ended ? Next month will reveal all. Feel free to write any other stories you would like to recall.



Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

New Era

Dear Readers

I was hoping to welcome you all to the new face of the Guy's Hospital Gazette, however, some of you may be a little confused as half the Gazettes sent out will have the remaining old covers and the other half the smart new ones. So whether it is this month or next month I believe the new layout and front cover will be more pleasing to the eye and give the Gazette a little boost in style and quality.

The addition of the words 'Medical and Dental schools' on the cover in no way changes either the name or the ethos of the Gazette but we were trying to be more up to date in representing, in addition to Guy's Hospital, the combined Medical and Dental schools of UMDS. With the last of the slightly off yellow/gold covers I hope that I have pushed under the carpet the embarrassing and shameful spelling and typographical mistakes which have masked the very high quality, I feel, of the articles contained within. The new Gazette editorial team has finally got its self sorted out after being stretched for manpower and time. I still firmly believe the Guy's Hospital Gazette is not just the oldest but can also be the best as well. I would like to thank those of you who have written in and offered advice and their help on the subject. Thank you especially to the person who suggested a prize for the person who correctly counts the mistakes in one edition, it is my aim to make that number zero. Please do continue to send in views and news or any article of interest that you would like published in the Guys Hospital Gazette.

Yours faithfully,

Barnaby Scholefield

Guy's Graduates 1956 Reunion

Dear Sir

We plan a buffet luncheon on Thursday 2nd October, 1997, in the Roben's Suite of the Tower Block, Guy's Hospital, and afterwards a weekend with various activities in Suffolk near Woodbridge.

Graduates and their spouses, who may be interested, are invited to write, without delay, to indicate whether they would support a luncheon, or a weekend in Suffolk, or both. Please reply to: Dr Colin Shannon CBE, Sandling House, Hollesley, Suffolk. IP12 3RQ. Telephone : 01394 411214. We have written to many Guy's graduates for whom we have names and addresses.

Please let us know if you know of anyone not yet contacted.

Yours faithfully,

Andrew Gunn and Colin Shannon

Still Confusion

Dear Sir

I read with great interest Peter Holmes letter on the subject of the 'Blue Baby' -Gazette Nov-Dec 1996 issue.

I fear the passage of time has dimmed Mr Holmes recollection for dates. Prof Alfred Blalock arrived at Guy's from America in 1947, not 1944. I remember seeing him walk through the Collonade complete with ten gallon stetson followed by an entourage of students. He may well have demonstrated his pioneer cardiac operative technique to other Guy's surgeons but he most certainly instructed Mr Russell Brock (later Lord Brock) in the procedure. Mr Kenneth Hooper, a Guy's consultant dental surgeon, liaised with Mr Brock's firm on dental matters and thus he also became involved with Prof Blalock. I was at the time Mr Hooper's house surgeon and was responsible for carrying out any preoperative dental treatment deemed necessary by the consultants. Incidentally, Mr TJ Evans was in residence at Rookwood, Tunbridge Wells, and not Rockleigh. He was an enthusiastic table tennis player and the student detailed for war time fire watching at Rockwood was required to play a few games of table tennis with the Dean - and was expected to lose gracefully!!

Yours faithfully

J D Morgan

Dental Ball

Guy's Hospital Dental Society, Annual Dinner and Ball - November 16th 1996

The venue for the dental ball as always was prestigious, this year being the London Hilton Hotel Park Lane. The three ball secretaries organised a fun packed evening under the watchful eye of Mr Cabot, no easy feat by a long shot. Last minute panics and stunts pulled by the Hilton however did nothing to detract from the success of the night. Staff and students, both past and present, donned their posh frocks and ties to spend the evening in style and party away till they dropped. The turnout was approximately 600. Student attendance at the event could have been better, a reflection possibly on the state of student finances today and the fact that it was very close to the end of the academic year. The evening was worth the money though. Often at these events you are served cold food and warm beer. Neither was the case, which was always bound to set the scene for a good night. (And paying as much as we did for the beer would have been worse had it been warm!). Speeches by the Dental Society President, Mr Saravanamuttu and student secretary Bridget Clarke went down well; I'm sure due to the fact that a lot of it was pointing out what a great establishment we were all part of. And for once, the level of heckling was surprisingly tame, probably due to the fact that there were more staff than students present.

The most disappointing aspect of the evening was the presence of several gate crashers - some of the more recent additions to the medical school. Needless to say- they will need tickets for all future events as their faces have been noted!. Other than this, the event was unmarred with problems although I do recall part of the raffle going missing for a part of the evening. Whether this was a stunt to totally stress out the ball secretaries remains to be known.

Entertainment for the evening included a roving magician/balloon man who kept many a table happy over the course of the evening. The band however was disappointing- I'm sure they had planted someone who kept requesting Take That songs. That, or they had run out of music to entertain us with so used the request line as a ploy. Regardless, spirits were running high and everyone was determined to have some fun. The dance floor was packed for much of the evening although the musical entertainment as said before was not as good as it could have been.

All in all though congratulations and well done to Monica Singh, Sarah Ramage, Adil Asani and Lyndon Cabot for organising the event. They leave a legacy of success to be matched by next years ball secretaries.

Nabeela Ahmed

Gazette readers may be interested to know that the venue for next years ball

has been decided and will be the Grosvenor Hotel, Park Lane, on Saturday 1st November 1997.

UMDS Clinical Science and Practice Lectures

Inaugural and Memorial Lectures

5.30pm Thursday 6th March 1997
at Governors' Hall, St. Thomas's
Professor Hugh de Wardener CBE, Emeritus Professor of Medicine, Charing Cross & Westminster Medical School
Evan Jones Memorial Lecture
"Essential Hypertension: An Environmentally Controlled Renal Disease"

6.00pm Thursday 29th May
at Tower Lecture Theatre, Guy's
Dr. Anthony Rickards, Consultant Physician, The Royal Brompton and National Heart Hospital
The Edgar Sowton Memorial Lecture
(Title to be notified)

5.30pm Thursday 12th June
at Tower Lecture Theatre, Guy's

Professor W Wade, Richard Dickinson Professor of Oral Microbiology, UMDS
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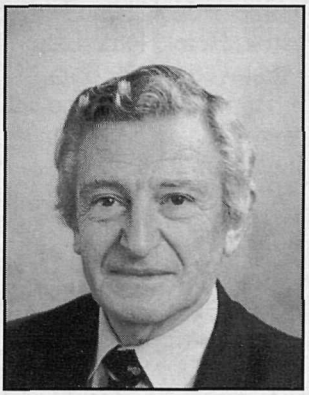
An Interview with Professor Harold Ellis CBE



Emeritus Professor of Surgery, University of London. Not tired of teaching, and not planning to stop teaching either.

Professor Ellis, can you tell us a little bit about where you grew up? You can make that diagnosis as to where I grew up, as I can't get rid of my cockney accent. I was born and bred in Whitechapel, a couple of hundred yards away from the London Hospital. I think I was the first cockney to go to the university of Oxford in 1943, which was a great shock to a young lad. I got a scholarship to go to Oxford for being a bright fellow. I remember getting there, I was unpacking in my room in The Queen's college when a very distinguished gentleman wearing a black jacket and striped trousers came in. I assumed him to be the vice chancellor at least and he asked me 'Is everything all right in here?' and I said 'Yes, thank you sir'. He said 'Actually you don't call me sir, I call you sir'. This was my scout, the college servant James.

> ***'...I said 'Yes, thank you sir'. He said 'Actually you don't call me sir, I call you sir'.'***

So I got unpacked, for this was a great shock and then I went round to the department of anatomy to sign on. There was a very scruffy porter there. He was wearing dirty brown lab coat, had sandals on and an open necked blue shirt. I said 'Excuse me sir', because coming from the east end of London I was taught by my father to be polite to everyone. Anyway I said 'Excuse me sir, could you tell me where I could find Sir Wilfred Le Gros Clarke FRS?'. He said 'That's me my

boy'. So that all came as a tremendous shock to a poor little east ender, as I had the Vice chancellor being my college scout, the guy who was going to run after me and make my bed, and the porter being my Professor of Anatomy!.

So, you decided to study medicine. What did your parents do?

My parents were dressmakers. And mother always thought my stitching wasn't up to the rest of the Ellis family.

So your family never fancied you becoming a dressmaker?

Oh, well they didn't think me any good at all as a dressmaker as my stitching was no good!. So it was out of the question.

You studied medicine at Oxford. Did you do all your training there?

Yes. It was a tiny clinical school in those days . Most people went up to London or one of the other medical schools. In fact the clinical school in Oxford only started at the beginning of World War II, as they thought all the London schools would be bombed out. I started my clinical in 1945, so I was only the fifth year of entry in the medical school. There were only a dozen of us. So we had a great time as there were so very few of us and we were out numbered by our teachers. Now of course it's grown to the usual size.

'I thought that I'd never make a surgeon as I was caned at carpentry.'

Tell us about your time at medical school.

The first couple of years, I found very hard I must say, although I was a bright chap!. They were very tough going and I became a terrible swot, and I would never have any time for sports. I became the first non playing captain of shove ha'penny. I didn't play as I didn't want to bruise my finger muscles as I wanted to be a surgeon.

I found that time very hard, the war was on and my brother was overseas in the air force. I think we medical students were a bit ashamed, as we were reserved, we were told our job was to hurry up and qualify. So any thought of fun or holidays wasn't really on. In fact instead of a summer vacation we did an extra term so that we could get through as quickly as we could. There was a lot of hard work as if you failed an exam you were immediately called up and went into the army. So it was a great incentive to get through the exams.

It wasn't until I was in the hospital, doing my clinicals, this was towards the end of 1945, that I really started enjoying myself. Basically it was as soon as I got

into the hospital, once I had my white coat on. I wanted to be a physician actually, principally because I was caned for carpentry at school. I thought that I'd never make a surgeon as I was caned at carpentry. So I thought I'd become a great diagnostician, listening through my stethoscope. Anyhow on the introductory course, I had a terrible shock as I couldn't hear anything through my stethoscope, not a thing. So I went to see the senior registrar in surgery on my first surgical firm. I said I've got a terrible problem, on the introductory course I found the surgery very interesting and all the medicine very boring, because all the medical cases were dying, compared to all the surgical cases which were getting better, and I found that very interesting. But, I said, I can't be a surgeon, for I was caned at school for carpentry. On the other hand I can't become a great diagnostician, because I can't hear a thing through my stethoscope. So he said lets have a look at your stethoscope. Using a pin he pulled out a piece of chewing gum which my so called friend Alec Lindsey had stuffed up it, which is why I couldn't hear a thing. So then he told me that there was absolutely no correlation between carpentry and surgery.

'...I found the surgery very interesting and all the medicine very boring, because all the medical cases were dying, compared to all the surgical cases which were getting better, and I found that very interesting.'

So from then on, that was in 1945, I decided I wanted to do surgery, as I'd never caught up on what I'd missed on the introductory course. To this day I can't hear anything through a stethoscope, only bowel sounds.

Once you'd qualified, where did you go from there?

Well, I did my house jobs in Oxford. Then we were called up to do our army service. Of course the war was over, so when I got called up I got deferred for 3 months. So I went off to the Middlesex, took a course there and took my part I FRCS. That was a great thing getting that out of the way. As I'd got the part I when I went to the army, they said, well you're a surgical specialist, and posted me to the army neurosurgical unit. That was great fun , as I'd done some neurosurgery in my second house job so I was something of a great expert!. So my time with the army was at this neurosurgical unit and I really thought I was going to be become a neurosurgeon. It all changed one night when I was the duty medical officer and I did my rounds on this neurosurgical unit and none of the

patients could answer the following simple question. 'How are you this evening?', mainly because every single one of them was in a coma.

Well as you know I'm a talkative chap - I have to talk to my patients you see and I thought to myself I'm going to have to spend the rest of my life talking to unconscious patients. I then resolved that neurosurgery, although very interesting, wasn't going to be my be all and end all. Although the first paper I ever wrote was on 'Spinal tumours in Soldiers'.

Tell us about your current job in the department of anatomy?

Surgeons are always interested in anatomy. You can't be a surgeon unless you know your way around the body the same way you can't be a cab driver in London unless you know your way around London. Anatomy was always a pet subject of mine, in fact I wrote my first book, Clinical Anatomy, in 1958 when I was a senior registrar. And I examined for anatomy when I was a consultant surgeon, I examined for the primary, overseas, so it's always been a hobby of mine.

'He said 'Come and talk to me at Guy's my boy - we can find a job for you'.'

So when I retired in 1989 as Professor of Surgery at Westminster medical school, later Charing Cross and Westminster Medical School, well my wife won't let me in the house during the day. So I took up my second love, which is anatomy, and went to Cambridge until I reached the pre-clinical age limit in 1993. Very fortunately, whilst I was examining at Liverpool, I met Professor Martin Berry, who as you know is the head of the Department of Anatomy. I told him in a few months I was going to reach the Cambridge age limit. He said 'Come and talk to me at Guy's my boy - we can find a job for you'.

So I finished in Cambridge on the Friday and started at Guy's on the Monday. I had the weekend off for good behaviour.

How much clinical work do you do at the moment?

Oh none, I haven't operated on a patient since the day I retired in 1989. And I don't consult patients at all or see them at all. I still do a fair amount of clinical teaching however at the Royal College of Surgeons on their courses. I also teach on patients on the Guy's and St Thomas's Fellowship courses. So I see patients when I teach on them but only as a teaching exercise.

But you're considered an authority on the subject - you've been on television recently.

You don't have to be an authority on a subject to be on television, the very opposite in fact. The appearance arose because my research interest was on intra - abdominal adhesions, I wrote my thesis on that when I was a senior registrar. And it's been a research interest ever since.

Do you miss the clinical work?

Not at all. I had a wonderful time in surgery - in fact I operated on the day I retired - which happened to be Friday 13th. But of course it wasn't unlucky!

I didn't mean to operate that day, but my senior registrar had gone off for an appointment for a consultant job I think, and so couldn't do the list. I didn't mean to operate on my last day there but I did. And I phoned up the following day to make sure every thing was OK and thank goodness it was. But I enjoyed that last day of operating and now I'm perfectly happy not to as I've got lots of other things to do.

'...I operated on the day I retired - which happened to be Friday 13th. But of course it wasn't unlucky!'

It's my own personal view that once a surgeon retires he shouldn't be tempted to go back to a young man's job. I personally think, and people will shout at me, that surgeons should stop operating at say, well 60 would be a very good cut off for actual operative procedures. I'm not saying a chap's not compos mentis, can't go on, but he can consult, do the administration, teaching of course, clinics. Because the other thing is when you get to a certain age of seniority, it's very difficult for any of your juniors to say, hey, that could have been done better, or don't you think it would be better like this. So it's up to your conscience. It's interesting, when you're a junior you have someone watching over you saying, do this, hold it like this, you didn't do that very well. Do you really think a 28 year old junior will stop and say to their consultant, look I think you should do this.....I don't think so!

Is the medical course at the moment similar at all to the one you followed at Oxford?

In broad principles it's about the same. Anatomy, biochemistry and physiology that I was taught as a pre-clinical student.

But the whole ethos is different. For example in anatomy, we stress things on a practical basis for clinical practice. No one nowadays would be expected to know

what we did which was to rattle off the 13 centres of ossification in the sphenoid, as in my 50 years as a surgeon, I've never known a case where it's been important to know that.

I don't believe students these days need to know much about the sub occipital triangle - because in 50 years of surgery I've never had an instance where I've had to rush off and look up the anatomy of it. You get a bullet through your sub occipital triangle - you're dead!.

Nowadays we teach students what they need to know for clinical medicine. Clinical comes from the Greek word 'clinos'. Clinoid process - which means bedside. So we teach you the anatomy you need to know at the patient's bedside.

My principle is that anything I teach you is likely to be of practical value, except a few of my jokes which I tell you, although they might make your patient smile. Even in 1943, my Professor of anatomy, Sir Wilfred Le Gros Clarke, tried to help us by putting up a list on the board and saying these are the bits of anatomy you don't need to learn. So what did we do?. We thought this is a trap, he's put that list up to trap us and I remember taking this list down and swotting up on it. It was terrific you know, all the branches of the maxillary artery. I understand students - they haven't changed.

'...never marry another doctor/nurse, you'll spend all your time talking about bed pans and urinals.'

Can you look back and cite one person who you think of as being instrumental in helping you get where you are today?

Well, I'll give you some very good advice. Marry someone who'll bring up the children, answer the telephone, do your typing, keep your supper hot for 6 hours whilst your stuck in the hospital, cheer you up when you're miserable, congratulate you when you have a success.

My wife isn't a doctor or a nurse. And so for my second bit of advice, never marry another doctor/nurse, you'll spend all your time talking about bed pans and urinals. Or if you're two dentists talking about molar teeth. Most people marry within the trade, I say most but it's probably at least 90%. And then most of your friends are the same. At least half my fiends are those that I've met through my wife. You know, she'll say I'm bringing George and Molly home for dinner and I'll say I'm bringing Roger Parker. God knows what George and Molly do but you know Roger Parker!.

You've got a CBE. Tell us about that.

It was one of the most exciting things that ever happened to me - that was in the New Years Honours list in January 1987. And I wasn't ever told what it was for. I got a letter some while before but I never knew why - I often used to think perhaps they'd sent it to the wrong person. My wife and I and the kids greatly enjoyed going along to the palace, the Queen was lovely, the ceremony was great. We had a wonderful day.

If someone contemplating medicine came and asked your advice about doing medicine - would you recommend it?

I think it's the most wonderful profession. I really and sincerely throughout my professional life couldn't think of doing anything else. Wouldn't dream of it.

No regrets?

None at all. I tell you what's so wonderful, I've done this many times. You talk to a bunch of medical and dental students who just start and say to them " OK what's your salary going to be on the house" or "How much are you going to earn". Most of them won't know. You ask a school teacher, lawyer or accountant, I'll bet you they'll know!.

How do you grade yourself as a tutor?

It's not for me to say. All I can say is that I enjoy teaching and think that's the secret behind doing anything well.

Where do you see yourself going from here? Any unfilled ambitions? Where do you see yourself in 10 years?

I shall be lying on one of the slabs in the dissecting room upstairs. People will say 'I wonder who this old codger was!'. Until then I'll carry on teaching until I can't do it any longer - that's my ambition.

Nabeela Ahmed

Guy's Hospital
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Uhthoff's Symptom

A case of multiple sclerosis with Uhthoff's symptom

In the December Staff Round Drs. Sharrack and Smith of the Department of Neurology presented an interesting case of a patient whose vision deteriorated whenever she took a hot bath. Since the mechanisms underlying this phenomenon are well understood, but not commonly known, The Gazette asked if the case could be written up for a wider audience.

A 22 year old woman presented to the neurology out-patients clinic with an 18 month history of frequent episodes of blurred vision, dizziness, and poor co-ordination precipitated by a hot bath or shower, or within a few minutes of aerobics or brisk walking. The symptoms lasted for variable periods, but improved upon resting. On examination, she was found to have pale optic discs, brisk tendon reflexes with extensor plantars and absent abdominal reflexes. An MRI of the brain showed scattered periventricular white matter lesions typical of multiple sclerosis (MS).

'Visual impairment precipitated by a hot bath or exercise is, in fact, a well documented finding in MS...'

Visual impairment precipitated by a hot bath or exercise is, in fact, a well documented finding in MS, and it is an illustration of "Uhthoff's symptom". Although Uhthoff's symptom is a common finding in MS, it remains an uncommon presenting symptom, as occurred in this case.

Willhelm Uhthoff

Uhthoff was born in 1853 as one of ten children, and grew up in the German province of Mecklenburg. He was inspired to enter medicine by his uncle, a paediatrician, and Uhthoff's tireless work in ophthalmology at the charity hospital in Berlin eventually earned him recognition by many as the father of neuro-ophthalmology.

... And His Symptom

In a study of 105 patients with MS Uhthoff noted a transient phenomenon " in which physical exercise together with tiring caused a marked worsening of vision". Three of his patients experienced desaturation of colour vision with physical activity, and in a fourth there was a significant reduction in visual acuity upon simply walking around his examining room. It was this fourth patient who most closely demonstrated the phenomenon which now bears Uhthoff's name. Interestingly, however, some 70 years were to pass before this appellation was made. It was only after the First World War that an interest in fever therapy for neurosyphilis re-documented the reversible effects of temperature on the nervous system. Hyperpyrexia therapy even became a fashionable and widespread treatment for MS between 1925 and 1935 (surprisingly given current knowledge), and many authors reported it to be beneficial. However, even then it was recognised that heating MS patients was occasionally associated with neurological worsening (and even death!), and in 1949 a young man with MS complained to another neurologist, Thomas Guthrie, "I couldn't get up out of a hot bath". Such chance remarks encouraged Guthrie to conduct a series of studies on MS patients and thereby the "hot bath test" for MS was born. In additional experiments Guthrie found that heating one arm caused weakness of the muscles of the other limbs, an effect which could be entirely prevented by an arterial tourniquet. Guthrie initially hypothesised that the effect was due to the release of a humoral substance, or to a reflex reduction in cerebral blood flow, but doubt was soon cast on the concept of a humoral mechanism by a study in which a large volume of blood was removed from a patient when heat-induced visual loss was at a maximum. When the blood was re-injected after the patient had recovered their normal vision, no adverse effect was induced.

'...and thereby the "hot bath test" for MS was born.'

'...Guthrie found that heating one arm caused weakness of the muscles of the other limbs...'

During the next few years several reports documented the deleterious effects of temperature and exercise on vision in MS patients, but it was only in 1961 that Uhthoff's original observation was rediscovered by G. Ricklefs. He reported a patient with MS who developed visual field defects and amblyopia after exercise, and he was probably the first investigator to label this phenomenon "Uhthoff's

symptom". Later investigators expanded the list of external factors which affect the function of the central nervous system in MS to include hot bathing, hot weather, hot food and drink, emotional disturbance, fatigue, menstruation, increased illumination, and smoking. It is an interesting twist of fate that today Uhthoff's symptom is routinely associated with an increase in body temperature, but that Uhthoff did not actually recognise the role of heat even though one of his patients (number 22 in his series of 105) reported to him that she felt the same exacerbation of symptoms upon standing next to a hot stove!

'...Uhthoff did not actually recognise the role of heat even though one of his patients...reported to him that she felt the same exacerbation of symptoms upon standing next to a hot stove!'

More recent research has established that over 80% of MS patients develop worsening of neurological signs during hyperthermia, and 60% develop "new" signs. However, despite the diagnostic value of the hot bath test, during the 1970's and 1980's such testing was virtually abandoned in view of several reports of persistent neurological deficits after hot bath testing. Furthermore, the advent of MRI techniques for imaging the living brain lessened the need for such symptomatic testing.

The Problem

The fundamental problem posed by the above observations is "Why does body warming result in visual loss in patients with MS?". The answer lies in the mode of conduction of myelinated axons, and in the way that myelin loss, i.e. demyelination, affects conduction, and this is described below.

The Physiological Mechanisms Underlying Uhthoff's Symptom

Myelinated axons conduct by "saltatory conduction", namely excitation of the axon "jumps" from node to node rather than spreading continuously along the axon membrane. Saltatory conduction is more rapid and energy efficient than continuous conduction and it is achieved by the presence of the myelin sheath which directs the flow of local currents in a specific pathway (figure 1). Thus current generated by the influx of charged sodium ions at node 'A' in figure 1 is funnelled by the myelin sheath along the inside of the axon to node 'B'. At the nodes there is a very narrow (1m) gap in the myelin sheath so the current can escape from the axon and flow back along the outside, completing the circuit. It

is helpful to realise the important role of the myelin in funnelling the local current: not only does it funnel the current along the inside of the axon, but its presence also ensures that the current flows out of the axon specifically through the axon membrane at the node, namely a region which is especially excitable due to the presence of a very high density of sodium channels in the membrane. It is the outflow of current across the nodal axon membrane which depolarises it (i.e. reduces its membrane potential) to its firing threshold. The sodium channels are voltage sensitive, and, when the threshold voltage is achieved, they open and permit a new batch of sodium ions to enter the axon, and thereby a new current to flow into the axon. This current, in its turn, is funnelled by the myelin sheath to act at node C. In this way the nerve impulse progressively, and rapidly (at up to 250m.p.h.), conducts down the axon from left to right.

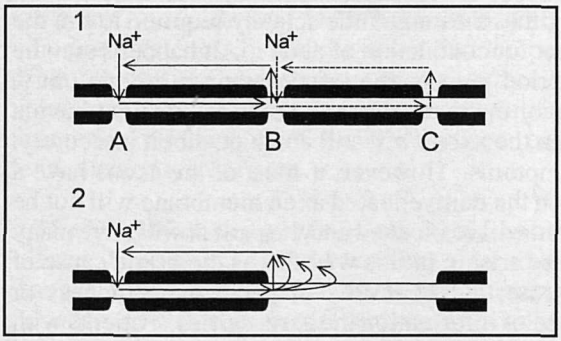

Fig 1 Saltatory conduction with the myelin sheath.
Fig 2. Impaired saltatory conduction with myelin loss.

The myelin sheath clearly plays a very important role in conduction along myelinated axons and it therefore comes as no surprise that when it is lost through a disease process the continued success of conduction is severely threatened. The consequences of myelin loss upon current flow are several fold, but a particularly important one is that in the absence of myelin the current generated by the nerve impulse at node A is no longer funnelled specifically to the nodal membrane at node B (fig 2). Rather, the current becomes spread out, and dissipated over a

'The myelin sheath clearly plays a very important role in conduction along myelinated axons and it therefore comes as no surprise that when it is lost through a disease process the continued success of conduction is severely threatened.'

much larger area of membrane. The current density flowing through the small region of especially excitable membrane at the old node is therefore reduced, and this in turn reduces the likelihood that the node will be excited, i.e. that it will be depolarised to its firing threshold. In a normal myelinated nerve fibre the current acting to excite a node is about 5 times the magnitude actually required to fire the node, giving a normal safety factor for conduction of about 5. It happens that the impairment caused by demyelination reduces the safety factor to around unity, which is a critical level. If most of the demyelinated axons in a patient have a safety factor just above unity, then the axons will still conduct, albeit insecurely, and the patient will have few symptoms. However, if most of the axons have a safety factor just below unity, then the demyelinated axon membrane will not be adequately depolarised, conduction will be blocked and the patient will have many symptoms. It is conduction failure arising in this way that is the prime cause of symptoms in demyelinating disease, and it results in paralysis, blindness or numbness depending upon the type of information the axon carries. Patients with MS can therefore have many axons balanced on a "knife-edge" of successful conduction or conduction block, and small changes in the environment of the axons can determine the side of the knife-edge on which they fall: one of these changes is temperature.

'Zipping patients up in a cooling space suit twice a day is even currently being investigated as a symptomatic therapy for MS...'

Effects of Temperature on Conduction

Temperature exerts its effects on conduction largely by altering the duration of the nerve impulse. Cooling at node A prolongs the impulse by slowing the kinetics of the sodium channels and allowing sodium ions to enter for a protracted period. This means that current flows in the local circuit for a longer time, providing a greater opportunity to excite the demyelinated membrane. The consequence is that some axons which were unable to conduct at normal temperature may be able to do so when cooled, conferring an improvement in symptoms. Conversely, the relative brevity of the nerve impulse at warmer temperatures allows less time for local currents to depolarise the demyelinated axon membrane to its firing threshold, and, in cases where the safety factor for conduction is only fractionally greater than unity, conduction block is likely to occur. Surprisingly, the temperature variation required to 'tip the balance' of conduction is minute, and in some patients the knife-edge is so finely balanced that temperature variations too small to be easily

measured in the clinic can have significant effects on symptoms. Understandably then, fever can profoundly affect some patients, and circadian rhythms in symptoms can occur as the body follows its circadian temperature cycle. Zipping patients up in a cooling space suit twice a day is even currently being investigated as a symptomatic therapy for MS (Capello et al, 1996)!

For completeness, it may be noted that temperature is not the only variable to affect conduction, and changes in the extracellular calcium ion concentration, circulatory changes, release of heat shock proteins, blockade of ion channels, and changes in pH have all been hypothesised, or shown, to affect conduction in demyelinated nerve fibres.

The Effects of Temperature on the Symptomatology of MS

There have been several accounts of the extreme sensitivity of symptoms to changes in body temperature, including improvements in vision upon drinking a glass of cold water, or the deleterious effects of sunbathing (including death in at least two cases published in 1995), a hot shower, hot drink, or the use of a hair dryer. Indeed, the deterioration in symptoms can be so rapid and severe upon warming that a patient may require support to prevent drowning in a hot bath, and a fatal case of scalding due to failure to be able to get out of a hot bath has been reported. The temperature-induced changes in symptoms are typically reversible upon regaining normal body temperature. Finally, it may be noted that paradoxical effects of temperature are sometimes observed, albeit less commonly. Such effects include patients in whom at least some symptoms may improve upon warming, and others who seemingly deteriorate upon body cooling.

Basil Sharrack and Kenneth J Smith
Department of Neurology, UMDS - Guy's Campus

Interested readers are referred to the following works for more detailed discussion:

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by Dr Stella Lowry, International Dept
in Postgraduate Centre

29 May - 1pm
'Contracts and Pay'
by David Barr, Industrial Relations Officer
in Postgraduate Centre

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Babies in Zimbabwe

Kids and Clinics

Parirenyatwa Hospital - Harare Jan/Feb 1997

I was all set to do my paediatric placement at Guy's this winter when I was suddenly inspired (sic.) to look further afield at a variety of other options. Following a chat with a few of my colleagues I hit upon the idea of working as a pseudo-elective student in Zimbabwe and with no other immediately appealing alternatives apparent, I was off to Africa. For a fourth year medical student, with a severely restricted clinical knowledge, to be thrown into intensive work in a children's ward in a developing country, the prospect was always going to be daunting. However, I had no idea of just how great a leap I was going to have to make.

The 4B (special) ward at Parirenyatwa hospital, Harare, has a capacity for 48 children, in the form of six cubicles containing six children each and the remaining twelve staying in smaller rooms containing two patients each. On the morning of my arrival there were 72 patients on the ward with the extra children in cots in the corridors, in changing rooms and crammed into the already full cubicles. The entire place smelt of disinfectant combined with the nauseating stench of faeces and stagnant urine. I introduced myself and joined the junior doctors on their morning rounds. I am sure that I will rarely feel so helpless in a medical situation, for over 70% of the children were classified as NS (New Serology), or simply referred to as retroviral positive. These AIDS babies were generally only being treated palliatively. They were predominantly suffering from a combination of bronchopneumonia and chronic diarrhoea. They resembled children that I have only before seen on television reports from famine-stricken Ethiopia and the like. I realised that my belief that I would rarely observe deaths in paediatrics were going to have to be quickly reassessed.

'I realised my beliefs on rarely observing deaths in paediatrics were going to have to be quickly reassessed.'

Halfway through the morning round my attention was caught by a wailing mother standing above the cot of an infant that we had just assessed. The firm quickly returned to the child and the curtains were drawn. Ten minutes later I woke up to the fact that I had just achieved several firsts in my medical training. I had just performed my first CPR, I had just put my first venflon in an infant, and I had just watched a child die.

'...the people of Southern Africa remain strong believers in black magic, the occult, evil spirits, and, often to their own medical downfall, witchdoctors.'

Death in five minutes with virtually nothing that the doctors could have done: staggering. The noise in the ward was then punctuated by the loud crying of the bereaved mother. I learnt several other things that morning. The baby that died was suffering from pnuemocystis carnii pneumonia (AIDS related), resuscitation was futile in these cases, and in all probability the mother did not realise the cause of death. To explain the implications of her child dying of AIDS to the mother would be a horrible task and it would probably lead to enormous family turmoil. It is important for strangers to this culture to understand that the people of Southern Africa remain strong believers in black magic, the occult, evil spirits, and, often to their own medical downfall, witchdoctors. This gives them an explanation in their own terms for the many diseases and causes of death that they do not understand. The result is that any illness to a child in a particular family is presumed to be caused by a serious misdemeanor; usually by the child's parents. The current view in Zimbabwe is that if a child dies, the father has sinned and must therefore admit his infidelities. Ironically in the modern Zimbabwe, with HIV rates soaring, there is a good chance that casual relationships outside marriage do indeed lead to the high infant mortality rate!

'The current view in Zimbabwe is that if a child dies, the father has sinned and must therefore admit his infidelities.'

As we continued the round we came to the oncology cubicles of 4B special. It is unlikely that many students or doctors working in the UK will ever see childhood cancers at such a frustratingly late stage of presentation as were present on that ward. During the months October/December 1996 all the junior doctors in Zimbabwe went on strike over higher pay. If this had occurred in the UK then

I am certain that any action taken would not have affected the patients to a dramatic extent. However, in Harare not a single junior doctor had been to work for three months. This consequently meant that any children with abdominal masses, lymphadenopathy, neurological deficits due to cerebral tumours, etc, would have initially gone to the witch doctor for three months as normal (where they would have been given some bizarre herbal potion against evil spirits). They would then have waited three more months until after the strike and so would have first presented at casualty in January '97!, some six months after the onset of their symptoms. The upshot of all this meant that I was able to see a variety of presenting signs that were extreme even by Zimbabwe standards. Most of the kids with nephroblastoma (Wilm's tumour) looked like they had eaten a large basketball while those with Hodgkin's lymphoma resembled someone swallowing a baking tray. Many had arrived at such an advanced stage that very little treatment was possible and metastatic disease was already rife throughout their bodies.

'It is incredibly frustrating to know that in another hospital, in another country, or even just at another time this happy and friendly child could, and probably would, have been saved.'

Possibly the saddest case that I saw during my time in Harare involved a young boy named Onias who had initially come in to Parirenyatwa some six months earlier with leukaemia (ALL). At that time he had been given a course of chemotherapy and had gone into remission, following which he had returned to his family in the rural areas outside Harare. He now returned with a severe relapse following non-compliance with his maintenance drugs and was given under a week in which to live. The non-compliance and therefore life of this six year old was entirely due to the parents failure to understand the need for his monthly chemotherapy combined with the three month doctor's strike. His parents, upon witnessing the remission, simply assumed he was well again and stopped treatment. He died five days later. It is incredibly frustrating to know that in another hospital, in another country, or even just at another time, this happy and friendly child could, and probably would, have been saved.

Following the lengthy ward rounds I would regularly sit in on one of the paediatric outpatient clinics. This could be cardiology, oncology or general paediatrics although I think the neurology clinics were limited due to lack of sufficient diagnostic capability (no MRIs & little angiography) and insufficient

pharmacological and surgical interventions. During these clinics I saw a variety of different pathologies but again one child really sticks out in my mind.

It was on a cardiac clinic on a Thursday morning and a young boy of nine walked in and sat down opposite me with his father. He had been previously diagnosed in infancy as having a VSD (ventricular-septal defect) following a local doctor hearing a loud cardiac murmur in his chest at that time. Not wishing to risk surgery at the time, his parents had opted to leave the defect untouched as long as possible hoping that it would close naturally. At the age of eight he began to suffer from increasing tiredness and shortness of breath and started to go into heart failure. An operation was performed to attempt to close the defect and he had now returned for the post-op checkup. I listened to his chest but in fact I could feel a large thrill on his chest before I even put my stethoscope to my ears. It was obvious that the defect remained at least partially unclosed and, following an echocardiogram which we performed later that morning, we were able to see that the operation had not succeeded. The next step in the management of this patient was to explain carefully to the father that the hole in his child's heart was still open and that there was nothing more that we could do for him. The father accepted that his child was going to die and walked out of the room.

'The father accepted that his child was going to die and walked out of the room.'

Medicine in Zimbabwe from my limited experience appears to be an immensely satisfying but also an incredibly frustrating occupation. The doctors have the knowledge and the skill to deal with most of the presenting diseases however, a lack of organisation, drugs and fundamentally money, currently prevents the staff at this hospital from offering a fully effective or reliable service to the vast and generally deprived population that it serves..

Ben Challacombe

Two Short Sketches

Conversation Between Two Fossils

Fl-What did you used to be?

F2-I think I was a primate. What about you?

Fl -An arthropod. I think it might have been a Drosophila. I do remember running out of food a few aeons ago. The microhabitat was too fierce. I may have had a morphological shift. What sort of primate were you?

F2-Started off as a chimpanzee, but got sick of the food, so went into trying being a human. I thought they could think, which would make things easier.

FI -And did it?

F2-You are kiddding. That cerebral cortex really confused the issues.

Fl-How?

F2 It was the thinking that made it all more difficult.

Fl-Why?

F2-You could not possibly understand. You don't have a cerebral cortex. You haven't had to make decisions. Your life was so much easier. I mean, what did you do in your early days?

FI-It seemed easy enough to me. I just ate all day.

F2-What did you eat?

Fl-What ever I could lay my proboscis on, leaves and flowers mostly. Mind you I hated wet weather, it made the leaves too slippery to get a hold on. What did you used to eat?

F2-Oh a variety of stuff. No leaves though, that is why I got sick of being a chimpanzee.

Fl-If you didn't spend your time eating, how did you occupy yourself?

F2-0h, we gossiped, attacked each other, fought over things we didn't need, had wars, that sort of thing.

Fl-But you had enough to eat. What was the problem?

F2-Frankly, we were bored -because we could think. And then using our brains when we were bored and particularly as we weren't hungry got us into all sorts of trouble. It was the price for having a brain.

Fl-That doesn't sound much cop from a Darwinian point of view. I should say stuff the brain bit.

F2-Are you not wrong. Life was hell with all that thinking and getting into trouble.I came full circle back to just eating like you.

Fl-Why didn't you talk about the weather. That could have kept you safely occupied.

F2-We did talk about it all the time.

Fl-And did you come to any conclusions? It is an important issue for me because I blame my morphological shift on a change in the climate.

F2-We talked and talked about it and in the end we did change the weather. We cut down all the trees. We polluted all the water. We used up all the oil. We all got shifted - morphologically and otherwise. But it stopped all

the talking. I think it was a shambles really, a huge *human* mistake. I am glad I'm a fossil.

FI-You know, I agree. That brain development was obviously a disaster. Im glad I am a fossil too. I wonder if there are many of us?

F2-The world is full of them. Fossils are all there are here.

Interview Between MSS and Hospital Administrator

MSS (multilpe sclerosis sufferer) -I would like to spend **a** little time in hospital.

HA-I see. What do you think is the problem?

MSS-I lknow what the problem is and I *need* a spell in hospital.

HA-But what is the problem? How long would you be in for? Have you got *private* health cover? We have to know for *CASEMIX*. Then we can consider your admission.

MSS-It is easy. I don't need any expensive tests, The admission would be quite cheap.

HA-So what do you think is the problem?

MSS-it is MS.

HA-What! We can't afford to deal with that. That is far too chronic and costly... I mean time-consuming.

MSS-Well what do I do?

HA-I will put it to my committee. We will have a meeting.

MSS-And?

HA-My secretary will advise you, *in due course.*

MSS-But I'm in urgent need.

HA-You can't decide that. That is for the committee. We are very BB these days.

MSS-BB?

HA-Yes, *budget bound.* And getting very close to the boundary. So close in fact that we may already have run into the fence and knocked it over.

MSS-Let me get this clear. You are not sure whether I can be admitted to hospital because you can't afford me.

HA-Spot on.

MSS-Why didn't you say that?

HA-Look, we are not about to publicise that sort of thing. It could damage our image.

MSS-You mean you are not prepared to admit you can't balance your books? Can't you add up? I could lend you my abacus if that woxfid help?

HA-Very funny. By the way, how do you use an abacus?

MSS-I just want a spell in hospital.

HA-Look, you can't just be admitted because you feel like it. That simply isn't allowed under *CASEMIX.* Next thing you'll be telling us how long

you want to stay or something equally silly. It is not up to people like you to pick and choose.

MSS-But I do at the supermarket. They look after us customers very nicely there.

HA-As far as we are concerned you are a victim. Which means you don't have any say. It would cost far too much.

MSS-But I'll pay. I do have private cover. So it won't cost you anything.

HA-But the nurses have just had a pay rise.

MSS-I don't need a nurse. I just want a bed.

HA-In that case stay at home. What's that spreading all over my 4 inch pile carpet?

MSS-I just lost control of my bladder.

HA-Call the cleaning lady. Send for the admissions clerk.

J A Hallpike

Art, Surgery and Transplantation

Sir Roy Calne
Waverly Europe Limited, 226 pages, 1997, price £45

Roy Calne qualified at Guys in 1953. Today he is acknowledged as one of the leaders of world academic surgery and is a pioneer of transplantation, particularly of kidney, liver, small intestines and pancreas.

He pioneered the use of cyclosporin and carried out the first liver transplant in Europe. He is professor of surgery at Cambridge, an FRS and has been knighted. In addition to all this, he is an accomplished artist and has exhibited widely including the Royal Academy.

This, his latest book, is a remarkable blend of topics. These range over why primitive man should ever have started painting, the physiology of vision, anatomical illustrations, the ethics of transplantation, the biology of rejection and of immunosuppression, transplant patients and their families and notable scientific and surgical personalities in the broad field of transplantation and tissue immunology.

The text itself is interesting, often controversial and alone is worth careful study. However, the main feature of this book comprises its 186 illustrations, mostly in colour. Some of these are classical works; anatomical drawings of Leonardo da Vinci, depiction of the first miraculous transplantation (of a leg) attributed to those brothers, Saint Cosmos and Damian - and never repeated! - and the painting of Bathsheba bathing by Rembrant, where to the discerning eye of the surgeon it looks as if the model has a carcinoma of the breast. Some are photographs, particularly of transplantation patients and their families. However, the great bulk of the illustrations are fine reproductions of Sir Roys own paintings. Some of these are of non-medical subjects. These include a couple of semi-nudes, and some scenes of nature from his travels around the world. However, as with other figures, the great majority demonstrate the link between art and surgery. These include portraits of pioneers in the broad field of transplantation, (mostly personal friends of the artists), of scenes in the operating theatre during transplantations, and, most poignantly, of his patients, including many children, some desperately ill or even dying, others in good health as long survivors.

This is a fascinating book that will interest those working in transplantation and those interested in the interaction between art and surgery. However, medical and dental students will certainly find it of great interest. It will make them ponder about their attitudes to art, to science, to the patients and to ethics. So, those of you who read this book, be prepared to be made to think more deeply on these important topics.

Proceeds from the sale of this book will benefit the Childrens Liver Transplant Fund.

Harold Ellis

Update for the MRCP

T.Andrews, P.Arlett, B.Brett and R.Jones Published by: Churchill Livingstone 1996 ISBN 0-443-05589-0 pp 316 Price £ 15

The pressure upon Senior House Officers in Medicine to become members of the Royal College of Physicians in order to proceed up the career ladder to Specialist Registrar posts means that almost any book purporting to provide that vital boost to their chances of passing the exam will have a ready made market. Indeed, the shelves are full of practise exams and advice for all parts of the MRCP exam.

This book differs in that it aims to concentrate on the important recent advances in clinical medicine, basic sciences and therapeutics in a manageable format. The first section comprises multiple choice questions, which are answered and discussed within the second part. To this end the book is superficially aimed at those sitting the Part I exam.

The contents, however, would be equally useful for the part II exam, especially the viva section of the clinical exam. The questions cover such diverse subjects as molecular biology and HLA molecules to Brain stem death and Helicobacter pylori, covering most topics in between. Indeed, it is hard to find an important topic or recent publication which is not touched upon in this book. To this end, the questions are challenging, and the explanations are up to date and interesting.

The book does, however, become a victim of its own aims. There is too much covered in the 316 pages, with each topic leaving the reader with further questions. The list of references provides a source for further research, and encouraging further reading is no bad thing, but a little more depth on each topic would provide a better feeling of completeness to the text.

A book of this type, covering, as it does, very recent advances in medicine, will soon find its self out of date, and the authors may find the need for new editions rather too frequent in the rapidly changing world of clinical medicine.

Despite these two minor criticisms, I have to say that I thoroughly enjoyed reading this book. It does as it sets out to do, providing a concise synopsis of recent advances, and may well find a much wider audience amongst students of medicine, from undergraduate to Consultant Physician who wish to update their general knowledge about the changes current in all branches of

medicine. I am sure that many will forego the multiple choice questions and concentrate on the explanations, as I did, but most will find much to enlighten and interest them, not only those with the spectre of the MRCP exam ahead of them.

Dr. Geoff Smith SHO
High Dependency Medicine, Guy's and St Thomas' Hospital Trust

Regional Anatomy Colouring Book

I Lennox, F Kristmundsdottir and J Shaw. ISBN: 0443057273
Churchill Livingstone January 1997 £10.00

Like most colouring books this is a well presented and concise view of the anatomy of the human body. Split into six sections it deals with the regions of the body in turn starting with the Head and Neck progressing down to the Lower Limb.

The drawings are clear and precise and do not try to overwhelm the reader with too much information on each. A series of leader lines point to important structures with the corresponding labels arranged in alphabetical order at the foot of the page. What is different here from other colouring books is that there are no actual legends describing the anatomy as it appears on the page, however the diagrams are simple line drawings and easy to follow.

The authors describe the book as a "jumping off" point from which students can go and explore more detailed anatomy with the help of anatomical textbooks and dissected specimens. Indeed it is exactly that, but it also has more complex drawings to take the reader into more difficult anatomy. For example, the section on the Upper Limb begins with a look at the bones, then muscles, nerves including the Brachial Plexus, continuing down to the anatomical snuff box and ending with the extensor expansion.

The section on the Thorax has many diagrams of the heart and lungs, two particular drawings are worthy of a mention. One of the right mediastinum followed on the next page by the left mediastinum allowing the reader to compare and note the differences. The another, an excellent page on the hilum of the lung again allowing a comparison between the lungs and it's mediastinal relations.

The abdominal section is the largest in the book giving many diagrams of the abdominal structures covering each extensively, a posterior view of the liver and gall bladder being the most notable. The sequence of the pictures takes you from the diaphragm down to the inguinal canal and then neatly into the pelvis and perineum. The lower limb section is arranged in the same way as the upper limb section. It has neat diagrams of the knee, the bones of

the foot and well-drawn pictures of all the aspects of the thigh and lower leg. Also, as with the upper limb, at selected points a magnifying glass image is superimposed onto the page to give an expanded view of the area in question.

This is a neat and useful book, it is not however a book from which all anatomy should be learnt and could not be used unless the reader has a background of anatomy already, but at Ten pounds is, in reflection, is a nice price!

WPT

Diabetes Colour Guide

Andrew J Krentz
Churchill Livingstone ISBN 0-443-05080-5

Despite being pocket size and of less than one hundred pages this book is remarkably comprehensive. It covers the history, aetiology, diagnosis, classification, treatment and complications of diabetes mellitus including some current research. It is very reader friendly. Each page of text is faced by pictures. Generally, the pictorial illustrations are helpful although I had the impression that some were rather obscure, of limited relevance and just filling space. It would be helpful if the author had given more references for further reading on some of the topics covered allowing the book to be even more comprehensive.

This is one of a whole collection of colour guides covering virtually all medical and surgical specialities. I presume that the series is mainly aimed at undergraduates for whom the whole series would be most useful but also, perhaps, rather expensive in comparison to one or two larger textbooks. Individually, the guides would be excellent for use by healthcare professionals working in related areas. Many thanks for the editor for asking me to review this book.

Mark Spring
Snr Registar in Endocrinology

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The View from here...

It is February again... snow, wind rain, skiing... and the twice yearly ritual of Junior Doctor musical jobs. Yep, once again the country's House Officers, Senior House Officers, and in some cases, Registrars, change their white coats and their speciality or even their place of work overnight.

As an example, last week I was passing a morning as a Renal Physician, the usual wait in out-patients, the usual search for the test results, and the patients accepting that the fact that I sit here means that I can advise them on their kidney disease and its management. Now I'm a Gastroenterologist. Crohns Disease and Irritable bowel replace hypertension and haematuria. In the space of a weekend I became a specialist in another subject... miraculous stuff indeed !

Of more concern to the regular staff of the Hospital, the influx of new, and inexperienced House Officers takes place. Once again each new doctor has to learn the routines, foibles and eccentricities of a new hospital and a new boss, and the registrars (those who haven't been able to arrange a skiing holiday to take them away from it all) groan at the thought of the nocturnal calls about the mundane and ridiculous.

As you may have gathered from the preceding diatribe, I too have changed job, hospital, region and speciality in the space of a weekend. Indeed, I have changed grade as well. Now I'm a specialist, or at least a specialist Registrar... how grand!

My new place of work is rather a change. A hospital in the workhouse tradition (which still continues, according to my new comrades at arms). It, like all hospitals, has its own charms, including a condom machine...

A CONDOM MACHINE ??? yep that's right. Subtly hidden next to the pay 'phone at one end of the main corridor. It is, I have to say, very politically correct, supplying as it does, both the male and female varieties. I have yet to find out wether it works... as yet I have never seen anybody try, as buying ones birth control devices from a machine in the main hospital corridor does not seem to appeal to the populace... can't think why!

I must admit I'm not entirely sure for whom it is provided... any patient who is well enough to consider such things must surely be ready for discharge, and the visiting public must have better things to think about. Does this mean it is there for the staff ?

I know all hospital dramas on the television use the Doctor-Nurse / Doctor-Doctor / Doctor - anything of the appropriate sex - plot as the mainstay of the entertainment value for the show, but this is real life...It doesn't really happen... we are all working far too hard. The Junior Doctor's hours guidelines state the need for eight hours uninterrupted rest, and I am sure that did

not include provision for sexual liaisons in the breaks between casualty referrals... maybe I'm missing out on something... maybe everyone else *is* at it... Hold on a minute... wait for ME ...

Paul Cable

Personal & Professional

Aside from any professional contacts I may have with patients or clients I also have a considerable personal involvement with those who suffer, or their families, in a lay capacity. There is one recurring theme these days. The horrid state of our hospitals and the low standard of care. I don't mean I always hear this, but it is quite often and consistent.

The fabric of the buildings is frequently criticised. The facilities, the availability of care and the apparatus so needed nowadays is often also sadly lacking, according to these reports. But there is another aspect that is also consistent: there is great praise not only for the care staff give, but even greater praise that, although this may fall short of what is required, it in no way reflects on the staff.

The criticism is levelled at the shortage of staff, and the pressure under which those who do nurse, have to work. People are often amazed at the poor conditions staff have to contend with to produce what level of care is given. Too many patients. with too few facilities, and too many problems arising out of poor communication. Waste is often observed; but this also arises out of inability to plan properly. All this is according to patient observations. Not wholly unbiased observations, of course.

But are they correct observations, and do they in any way reflect the truth? It is difficult not to recognise their aptness, when inside knowledge is compared with this anecdotal information. I have not commented on two important factors patients and clients also raise, because, although some may study accurate statistics, most only have their first-hand experiences about treatment, nurses, doctors and their patient relationships to go on. But many will also state that it is all down to bad management and not enough money being allocated to run the health service needed to see folk into the 21st century. Will this prevent accusations that patients remain on trolleys in corridors for hours, or have no one there to feed them unless relatives are there, reminiscent of hospitals in developing countries ?

Bad management and poor communication are very old stories within the NHS. Attempts by modern 'trust' management to vocalise and localise both have had some success. But there is a long way to go, and a lot of opposition to overcome.

Proper communication means proper understanding, and there is frequently little enthusiasm to adequately fund what is necessary to put such systems in place. Old and tried, often tired methods thus continue, and cannot keep pace with contemporary requirements. Little can be expected if little is put in to oil the wheels of communication in the first place. So once staff detect there is poor communication this becomes 'truth', and is self perpetuating. It does not matter how many times management try to persuade workers that they are part of a team, if there is a hint of 'them' and 'us' then that will become the perceived wisdom. It is just this situation that patients see in action, although they find it difficult to discover where to place the blame.

Pecuniary problems are the other great area of difficulty. As I write, the Review Body for pay has once again reported amidst dispute about how their suggestion, for a rise in pay greater than the Government anticipated, will be met.

All those who have personal grudges about their treatment under the NHS acknowledge the need for better pay for 'angels'. Nurses widely dislike being called 'angels', largely because they feel it diminishes their prospects in the 'market place'. Who ever heard of angels demanding more pay to pay homage around some celestial throne. But the throne, our angels are more likely to find themselves in close proximity to, will often emit unpleasant odours !

Most of those who complain about care recognise that lack of resources at the bedside or in the community is at the heart of failure. Failure for them, and frustration for those who want to give good care. One thing that seems to bring out joint scepticism is prospect for great change following the General Election, While such pessimism abounds - what can nurses offer ?

Denis Cobell

Guy's Hospital MEMORABILIA

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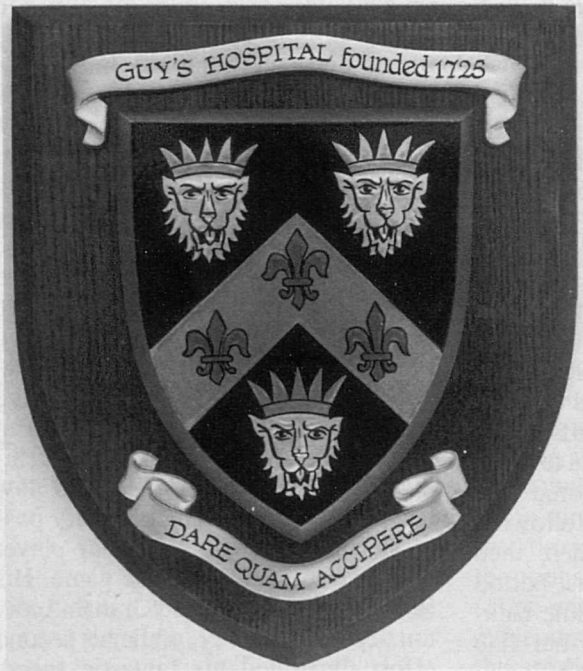

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Rugby

GUY'S HOSPITAL RFC VS ROYAL LONDON/ BARTS HOSPITALS

HOSPITAL'S CUP SEMI-FINAL
Date:Tuesday 18th February 1997
Venue:Teddington sports ground.
Conditions: wet & windy
Ref: Mr M Arfan

Result Guy's Won 30 - 13

On a day not entirely suited to running rugby, Guy's managed to well outplay a good London/ Barts team. The game began with the usual ferocity of a cup semi but Guy's scored first through a Gibbins penalty following good work by the pack. There then followed the opposition's best period of the game when only resolute tackling and scrummaging near our line prevented them scoring. Guy's finally broke loose and from a poorly cleaned London/Barts lineout Greg Ryan the captain plunged over for the first try. This went unconverted and the opposition immediately replied with a penalty goal from close range following an offside decision.

Although playing uphill and against the wind in the first half, Guy's continued to apply pressure to the London/Barts line and were awarded a succession of penalties. Morgan, the young scrum-half, opted to tap and go on a number of occasions and made good ground with the back row in close support. On one such occasion he ducked under an initial tackle and found himself in acres of space. He turned on the gas and left the opposition stranded as he scored close to the posts. The try was well converted again by Gibbins and Guy's turned round at half time with a 15-3 lead.

Playing with the wind and slope in the second half meant that Guy's were able to increase their pressure on the London/Barts line. Following a good move involving both forwards and backs, Lutz Hostert broke free and gave an overhead pass to Finbar O'Sullivan who showed remarkable pace in beating the cover to the line. Guy's now began to win some quick quality possession and brought their star player Ugo Ekeowa fully into the game. His first sharp break enabled Graham Lawton to score a fine try, while his second effort illustrated his fantastic speed, power and elusiveness and allowed him to score from the half-way line beating some six players on the way.

This was a fantastic win for a young Guy's team with the pack looking really dominant and the halfbacks linking well with some real speedmen in the backline. However, the side must ensure that it plays well for the entire game and doesnot slacken off in the final period as two sloppy tries were

conceded to the London/Barts team in the closing stages of this game

Guy's are now in the final for the first time since the early eighties and I am sure the big day on March 5th will live up to everybody's expectations. With both the first and second teams in the final against St Mary's there is a great possibility of a truly magnificent year.

Ben Challacombe

Team: Woodsford F, O'Sullivan F, Hostert L, Erman G, Thorpe B, Wood B, Llewellyn W (rep Sharp M 60min), Ryan G (capt), Morgan S, Gibbins N, Ewok R, Costello J, Jenkins M (rep Davies N 11min), Ekeowa U, Lawton G.

Guy's 1st XV v Old Walcountians
HOP 18th January Won 29-10

This was a rearranged match from the first Saturday in January when virtually all rugby in the country was cancelled due to the weather. It was not exactly warm at HOP for the game, but at least the pitch was playable.

Having not played for a month, Guy's were up for this one and full of energy. Nevertheless, they nearly had their customary start of giving the opposition points when a penalty kick in the 22 failed to make touch and the opposition ran back and almost scored. Guy's then began to get into their stride but the first score was a penalty to Old Walcountians before Guy's struck with a try by Murphy. At this stage the Guy's defence was outstanding with ball being won in mid-field due to the ferocity of the tackling. A run by Murphy on the blind side led to a scrum on the opposition line and a deliberate collapse by the opposition. A penalty try was awarded and this took the score to 15 points to 3 at half time.

For most of the second half Guy's played extremely well, putting pressure on to the Old Walcountians side. Gibbons at fly half was having a fine game and his touch kicking in particular was his best this season. However, Walcountians got back into the game when an old fashioned up-and-under was dropped by the Guy's backs and the opposition centre hacked through to score under the posts. This led Old Walcountians to within one score and there followed a fairly frantic and exciting period of play as the opposition tried to make up the difference. Guy's eventually put the match beyond reach when, first of all having lost their only scrum of the day against the head virtually on the opposition line, made up for it by winning the opposition scrum and Davis touching down a push-over try. Then after a scintillating move, Gibbons crowned a fine display by going over under the posts and converting his own try, and a final score of 29 points to 10.

Overall this was a very cohesive performance with an especially strong showing in defence. The forwards worked well as a pack, often pushing their much heavier opponents several yards back at scrums. The centre pairing of Costello and Jenkins looked very sound and Richard Etok made a very promising debut on the left wing. The captain and coach would have noted, however, that Guy's lost the ball a number of times in the tackle and the loose. Ball retention is crucial in the modern game. Guy's need a few more wins to be safe in the league, but at least can look forward to the Cup Campaign and the remaining league fixtures with some degree of confidence.

Team: Hostert L, O'Sullivan F, Evans D, Thorpe B, Erman G, Davis P, Ryan G (Captain),Wood B, Murphy J, Gibbons N, Etok R, Jenkins M, Costello J, Ekowa U, Lawton G

SJC

Basketball

This year, basketball in UMDS has stepped up to a whole new level.

The addition of 7 good quality freshers, and a better understanding between the remnants of the old team, has made it's mark quickly with the club jumping to an early lead in the ULU league with 5 wins and just 1 loss. The season is still not halfway through, however and they need to keep their momentum in both the leagues and their upcoming cup matches. Home games are played on Friday's at Elephant and Castle Sport's centre from 6:00 - 7:30pm followed by the usual post match celebration at the Hop down in Guy's bar. Unfortunately lack of publicity and funding is what hurts the teams with the usual apathy shown towards the non-mainstream sports but someone believes in us, even if you student's out there don't! Because of the new team, a new image was sought along with a new kit and sponsorship from outside of UMDS which includes the MDU and others. At the moment, Lloyds Bank seem very interested in joining this venture and the final details are being sorted out even as this issue of the Gazette is going to press. Could this be a new trend started by the (hopefully) soon to be called 'UMDS Knights' who are posssibly the best UMDS basketball team ever and probably the best medical school team in London, if not the country, this year.

Results so far:

ULU League 96-97:
LSE II @ UMDS 66 v 47 loss
UMDS @ Kings college 59v33 win
Royal Holloway @ UMDS win by default
UCL @ UMDS 56 v 82 win
UMDS @ SBLH 99 v 47 win
UMDS @ UCH 36 v 31 win

played 6 won 5 lost 1 pts for 326 pts against 233 position 1

ULU Cup 96-97:
UCH@ UMDS ---- win by default

Karate

UMDS Mana Kaha Karate Club:

The club was formed in August 1994 since there was a need for a martial arts club that offered organised regular training sessions, under a highly qualified instructor, with an international syllabus and structured grading system. With IOGKF affiliation, club members are licensed to train in 84 countries with legitimised gradings recognised internationally which allow the individual to train after graduation. The club consistently participates in traditional training twice a week, with supplementary fitness training and squads and as a result membership has steadily grown from a handful of students to over 30 active students. In addition the club has links with the Espree fitness club, which emphasises kickboxing training, with an additional 20 students and a further weekly training session.

The club has close ties with Sensei George Andrews, sixth dan and chief instructor for Europe at the Hombu Dojo - yet more opportunity for training!

On deciding on a name for the club 'Mana Kaha was chosen because it epitomises the spirit and aims of the club. Both mana and kaha come from the Maori language. Mana is the honour and respect given to an individual for their character and accomplish-

ment. Kaha literally translates as spiritual, mental and physical strength.

A typical training session consists of 15 min warm-up and stretching followed by instruction and practice in basic and advanced karate techniques. The second part of the class can be spent in a number of ways including light sparring, kick boxing, kata, Judo and grappling, self defence and pad work. Post-training cool down takes place in the club office (nearest drinking venue) where people nurse their wounds (pride mainly!)

Efforts have finally paid off, having started competitions in November 1995. The club already has more tournaments and bouts lined up for 1997 and with the club larger than ever - here's to even more success this year. However for the majority the club is a way to learn, have fun and get fit. Everyone is welcome, whatever experience and whatever their aims. Please join us for training at any of the following times:

Monday 6.00-7.30pm
Wednesday 6.00-7.30pm
Fridays 6.30-7.30pm
(fitness and padwork only)

Any queries contact Sandra Forde on 0956 484202 or Mo Kan on 0171 928 0855

Guy's and St Thomas' Medical Ethics Group

...present their inaugrual debate: The National Health Lottery 'It could be you!'

Whose right is it to share out NHS fund? and other questions

Experts talking are:

Prof Sir Cyril Chantler
Dr David Armstrong
Luke Gormally

6.00pm Monday 17th March Harris Lecture Theatre.

Guy's and St Thomas' Hospital Music Society

...present the Spring Concert: Handel Zadock the Priest Messiah 'Halleluiah Chorus'.

Sibelius Finlandia Kevin Beckett (conductor)

7.30pm Friday 14th march

St Augustine's Church, Queensgate, S. Kennsington.

Tickets £5 Concessions £2 Contact Alex/Sophie 0171 6339110 or Alice 0171 9289292 x 2405

Guy's Gazette Annual Christmas Raffle Draw

1st Prize
R Cutler Midland Bank plc
Southwark Branch

2nd Prize
Dr Barnett ANAES Dept. Guy's

3rd Prize
J C Petty La Chaumiere,
La Rue Des Bois St Johns
Jersey Channel Isles

4th Prize
C Tomes 61 East Dulwich

5th Prize
Mr B J Moores Thomas Ditton
Surrey

6th Prize
Dr Penelope B Hewitt
Dept Anaesthetics Guy's

7th Prize
Rupert Murry Woodbine Cottage
Bristol

8th Prize
D F Howard Floor 25 Guy's

9th prize
Dr J S Gilbody Hook Hants

10th Prize
Dr A J Richards Worthing West
Sussex

CLASSIFIED AND ANNOUNCEMENTS

December BDS Dental Graduates

The following is a list of students who qualified BDS (London) in December 1996:

Mr Atheer Al-Killidar
Miss Karen Calder
Mr Lawrence Da Silva
Miss Lili Daneshvar
Mr Edward Lawson
Miss Yvonne Szyszko

Deaths

TULLEY, Professor (Walter) Jack OBE PhD BDS FDS DOrth, Fellow of UMDS, Emeritus Professor of Orthodontics, Dean of Dental Studies 1980-85. Died peacefully at home on 2nd February 1997 aged 75 years.

O'SULLIVAN, Dr M T
He was born in Co Cork in 1904, I believe he arrived at Guy's c 1925, serving in RAMC (pow Changai - Singapore), was a GP in Southend till he retired 1973, he leaves a widow and 3 children

Malachy J O'Sullivan

DURWARD, Donald Fraser.
Won a scholarship to Guy's at the age of 17 and graduated in 1924 aged 22. He died peacefully on January 10th 1997 at the age of 95.

Old Students' deaths

Dr A Bowyer (1957) died 27.4.96

Dr I A Hoyle (1946) died 22.1.97

Dr B H Pentney (1944) died 2.12.96

Dr J A Thomson (nee Chown) (1965) died 16.9.96

Change of Address

D N Anderson previously of 525 Wells Rd, Hewgrove, Bristol has now moved and his new address is Chesterfield Hosp, 3 Clifton Hill, Bristol. B58 1BP Tel. no. 07000 779362

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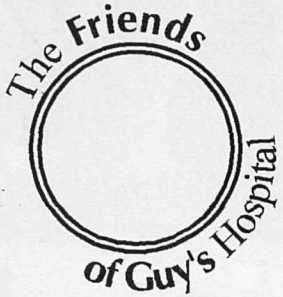
- Elective to South Africa
- Rag Week
- Interview with Professor Kidd



WHO NEEDS FRIENDS? *WE DO!*

Why not become a member of the Friends of Guy's Hospital?
The Friends are a registered Charity,
whose origin dates back to 1895.

The Friends provide amenities and equipment which the hospital is not able to provide and it supports research. The Friends run a shop in the hospital grounds selling flowers and other items as well as a Trolley Shop to the wards. Volunteers who provide this service find it very rewarding. They need and welcome anyone who wishes to join them.

It is easy to join the Friends. You do not need to be an ex-patient, although many of our members are. The minimum subscription is £1.00 a year but EXTRA DONATIONS are greatly appreciated. Cheques and postal orders should be made payable to "The Friends of Guy's Hospital" and should be sent to: The Secretary, The Friends of Guy's Hospital, Guy's Hospital, London, SE1 9RT. (Tel. 0171 407-1058). Contact the Secretary if you require information regarding DEEDS OF COVENANT or LEGACIES.

In recent times we have provided:

- New seating for the concourses of New Guy's House
- Toilets for the disabled in the Main Entrance Hall and for the Dental Hospital
- Provision of a new area for patients waiting in A & E

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

UMDS Guy's
4 - JUN 1997
Willis Library

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Guy's Gazette

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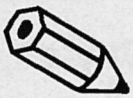
Passim

The rugby club did it, the United Hospitals Cup was won against St Mary's. A magnificent triumph which has not been achieved since 1971 (not 1972 as I thought last month!).

The switch board at Guy's apparently informed all incoming callers on that afternoon of our victory and the whole hospital and campus had a well deserved smile on their faces, we finally had something to be proud of (see back cover).

The cup final marked the end of the enjoyable part of the academic year for students. We are now entering the dreaded exam period. Final years busily trying to clerk every patient in the hospital in the hope of picking up that piece of knowledge that will get them through. The first years realising that Medical School is not all fun and games and all the rest of us booking our seats in the library for the stressful times a head. Good luck to everyone, I'm in the same boat!

Before I finish, though, it would not seem right for the editor not to pass comment on the up and coming General Election. If you are wondering which party is going to do the best for Guy's then your guess is as good as mine. From the television coverage scandals and cross accusations are far more important than the future of a truly beloved establishment such as ours. We may just have to keep our fingers crossed and hope that on May 1st some luck will come our way.



Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Glamorous Diwali Show

Dear Sir,

I read with great interest the January 1997 Gazette and was very impressed.

The article particularly on the Diwali show in November 1996 was written with great detail, which is why I was surprised at the two very obvious ommissions. The first being the grand glamorous arrangement of blue and white balloons at the entrance to the Westminster Central Hall and the second being the duet by Priya and Amit which was given resounding applause by the nearly 2000 strong audience. I thoroughly enjoyed the evening and was impressed at the quality and level of organisation and performance by the students, who were no less than professionals. Well done. Credit goes to the organisers and performers.

Many thanks.

Yours faithfully

M Ahmed

Thank You Guy's

Dear Sir,

Your readers may find it strange that a St Mary's student is writing to the Guy's Hospital Gazette. However, there are several amusing incidents that I think they should be made aware of.

A few days before the United Hospitals Cup Final between our two medical schools I was fortunate to be present in our medical school library revising when quite unexpectedly a few Guy's students strolled in and released five hundred blue and gold helium balloons. In case you are unaware, the ceiling in our library is quite high and therefore all the balloons completely out of reach.

Later I discovered a few other gifts that were delivered, such as a family estate car painted blue and gold with 'Guy's for the Cup' emblazoned on it. On behalf of the students at St Mary's I would like to thank you for not getting carried away and treating the cup final in the spirit it should be.

Yours faithfully

Jim Langdon

P.S. We'll be waiting for you next year!

A Simple Search for Knowledge

Dear Sir,

Earlier this week, after relentlessly searching Medline (the computer database for scientific journals) for two days, I had finally come across two articles which seemed like they could be partly relevant to my SSM (special study module).

I confidently made my way down to the periodicals room to view these journals only to find that although listed locally, the journal was not held up to the present year. I kept my cool. I made my way down to the librarians' desk where I enquired where it might be possible to obtain these journals. The librarian was most helpful, and identified that the ULU library at Senate House would have it. I took her advice, and after lunch I headed down to ULU. I approached the barriers and became aware that a swipecard would be necessary. I enquired at the desk, what could be done to allow me admission, being a member of ULU. I was informed that I would need a form from my library. Obviously this was somewhat distressing. I endeavoured to locate a payphone which proved surprisingly difficult considering the location. Once it was free, I phoned the library who verified this, as apparently my ID could be fake. I asked whether someone could phone to inform them I was actually a UMDS student, seeing as I could verify to them who I was. This was not possible since only the head librarian, who was ill could authorise this. No-one else was allowed, and no-one was given the authority to do this in his absence.

Dejected, I turned to walk home when a companion spotted a sign for the British Library. We thought it might be worth a try as they could well have held the information we needed. We made our way to the entrance and were told by the guard to proceed up the stairs and take a few turns to a room to obtain a pass. The guard at that room further directed us out of the building and around to another entrance, through which we finally located somewhere to obtain a pass. Alas, a pass could be issued under no circumstances without two passport sized photographs, which of course I did not have to hand. In no mood to locate a photo booth in central London and succumb to economic rent as a student, I made my way back to the library. They indeed gave me a form, but I would have to fill that one in and return it to them in order to be given another form which would then be countersigned by the head librarian to allow me access to the library.

I read the form and noticed in small print at the bottom that ULU library held no scientific books or literature. The UCL Bloomsbury library did, but I would have to pay a sixty pound fee

to gain a form to allow me access to that. Suffice it to say I took the matter no further. I find the beaurocracy involved in this event, and others students have to face absolutely incredulous. To add insult to injury I reached into my bag to return my pen to its case, and came across four passport sized photographs.

Yours faithfully,

Jason Roach

The Final Chapter

Dear Sir,

I write this letter to get some facts straight. Prof Alfred Blalock came to Guys Hospital in the late summer of 1947 and this was acknowledged by the Gazette in the edition of 13 September 1947.

There is an account of Blalock's visit by Mr. Donald Ross published in Guys Hospital - 250 years, where it records that Blalock carried out 10 operations on his visit to Guy's.

Webster's Medical Desk Dictionary describes Blalock Taussig shunt operation as marking the beginning of modern heart surgery.

I became a patient of Guys Hospital in the summer of 1947 and was the second patient to be operated on by Prof Blalock himself.

Thanks to two life saving operations, the Blalock and then to a total correction carried out by the late Alan Yates at Guy's in 1973, I am still a Guy's Hospital patient currently under the care of Dr Graham Jackson.

Yours faithfully,

Edward Mansell

b

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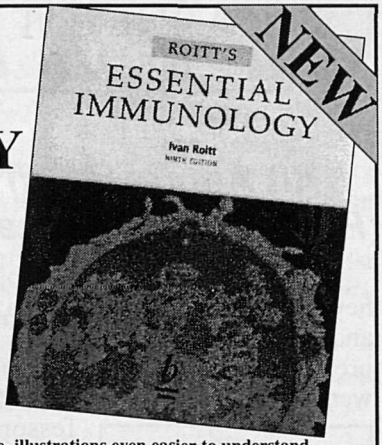

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An Appreciation - Prof Rodney Grahame

On March 5, the retirement of Rodney Grahame was marked by a lunch and an afternoon of slide and video presentations in the Tower. These were mainly anecdotal accounts of Professor Grahame's career covering his days as a schoolboy, undergraduate, army officer, general practitioner, rheumatology trainee and consultant physician at Guy's Hospital. There were also talks relevant to his research interests. The text below is based on the tribute which prefaced the programme of talks delivered at his retirement party.

It was in 1969 that Professor Grahame joined the clinical staff of Guy's Hospital as a rheumatologist and general physician. He was later appointed to a personal chair in clinical rheumatology. His breadth of clinical experience and his unusually sympathetic understanding of patients' problems were immediately apparent. These reflected his early years in general practice and his subsequent training in medicine and rheumatology at the Hammersmith Hospital with the team led by Professor Eric Bywaters. As a medical student he had a distinguished career at the London Hospital Medical College where he qualified in 1955. After pre-registration he performed his National Service as a captain in the RAMC. From 1968-9 he was a Clinical Research Fellow at the Kennedy Institute of Rheumatology and it was there that his research led to an interest in collagen and its disorders. This theme has been revisited many times during his subsequent career, most recently though his observations of joint laxity and the hypermobility syndrome. His name has been synonymous with this disorder and he has proselytised and vigorously converted sceptics in all the continents and in several languages. As a co-author of the book 'Hypermobility of Joints', his views have found wide acceptance.

His arrival at Guy's stimulated the academic development of rheumatology. Within a few years, the volume of published articles from the department trebled and from 1973-8 he was director of the Guy's Arthritis Research Unit, a body which attempted to co-ordinate the miscellaneous rheumatology related research then taking place in the School and Hospital. The impetus provided by this initiative is apparent today. His own research contribution has been substantial with approximately 200 articles appearing in peer reviewed journals. He has written countless reviews and several chapters for major textbooks.

For approximately two decades, he had simultaneous clinical commitments at St. Olave's and New Cross Hospitals. For several years he was clinical superintendent at the latter, the site of the Guy's rheumatology inpatient unit. He was later appointed to the staff of Lewisham Hospital following the transfer of the rheumatology inpatients. During this time and subsequently he was a member or chairman of many hospital, national and international committees including those of the Arthritis and Rheumatism Council and the rheumatology societies. Between 1986-7 he was President of the British Society for Rheumatology and in 1990-4, President of the British League Against Rheumatism. Throughout he has been on editorial boards and from 1970 was associated with the British Journal of Rheumatology, acting as the Editor from 1982-5. In all of these prestigious posts he was a vigorous exponent of fair, efficient and open dealings. He invariably left his mark and added to his reputation for integrity. As a fierce defendant of the egalitarian principles which under pinned the NHS, he has looked with dismay at the recent reorganisation which has diverted so much capital away from patient care and created inequities in the service.

More recently he was appointed Chairman of the Disability Living Allowance Advisory Board. A few years ago he formed a group called Rheumatology Action Eastern Europe which has successfully fostered the specialty in that part of the world. Such calls on his time reveal no evidence of declining activity and as he and the Trust separate, each will observe the other's further development with interest.

Dr T Gibson

International recognition for Guys Professor

The Guy's Gazette is regularly sent press releases for all sorts of weird and wonderful happenings from all over the world. Most of these we feel irrelevant to the Gazette reader. However when one is sent highlighting such an impressive achievement as what follows, then we are more than happy to print it.

Prof Stephen J Challacombe, Professor of Oral Medicine and Head of the Department of Oral Medicine and Oral Pathology here at UMDS has been named the 1997 recipient of the Experimental Pathology Research Award, conferred by the International Association for Dental Research (IADR). Prof Challacombe received his award at the 75th annual General Session of the IADR in Orlando on March 19th. He was congratulated on his work in the field of Experimental Pathology over a period of 25 years, beginning with his

early work on mucosal immunology in the early 1970s. He was a member of Professor Lehners group during the period when the initial work on mucosal immune responses was started. This research led to the fundamental insights into understanding of the immunological aspects of dental caries, periodontal disease, oral ulceration, and oral infections, notably Candidiasis. His principle research interest now centres on all aspects of HIV infection, and he is currently Director of the Oral AIDS Research Unit here at Guy's.

The end of term mountaineering trip

It was with trepidation that the eleven explorers departed for the Christmas mountaineering trip to Snowdonia. We were to stay in the college hut, which is an old church, kindly donated to Guy's by an old student.

The hut, about ten miles from Betws-y-Coed, was far more plush than I had expected! My experiences in the past being based on '70s youth hostels, dank barns or merely a bivvy bag and roll mat!

It was decided we should walk up a ridge called Crib Goch. The day progressed well, with the team sticking together and making good time up the ridge. The weather was fine, but the wind was cold and the occasional large snow patches and icy ground made the going tough. We arrived at the top and stopped to eat some well earned food - it always amazes me how the simplest of á la carte rations are able to taste so fine when eaten on the top of a hill following a days hard walking.

Spirits were high, but just a few moments after the return journey had started disaster struck the group. Two members of the team slipped on a large snow patch - despite what must have been valiant efforts to arrest their fall with ice axes, they both fell off the patch and dropped some ten feet onto rocks.

Their injuries were mercifully slight, a few broken bones and cuts, but compared with what may have been they were lucky.

Clearly we were unable to continue the trek, and so the group divided. Those able to walk made their way down the hill, and three of us stayed with the casualties. The mountain rescue at Pen-y-Pas were alerted and in around half an hour one of their group arrived. He confirmed our belief that a rescue helicopter was required and radioed for a RAF rescue mission to begin.

The helicopter looked like a tiny star in the now dark night. Waving my head torch to alert the crew to our position enabled them to locate us quickly, and the innocent looking speck of light grew into a vast yellow monster. For the first time in the day I was scared, the helicopter hovered

above us as the paramedic was lowered down, the downdraft tried to push everything on the mountain side down into the dark depths of the valley. I struggled across to Simon, and using his unbroken leg pinned him to the ground. The helicopter moved away, allowing us to communicate in shouts which could never have been permitted by the thundering of the rotor blades.

After another hour of tying down stretchers and preparations, the group on the mountainside was rescued and the casualties carried to Bangor hospital. The rescue groups had worked hard and risked their own safety, for which we must all be very grateful. There were many lessons and thoughts produced by the experience.

The three who stayed on the mountain thought that they deserved a well earned pint or ten in the local. The beer was washed down with a top Christmas dinner prepared by our superb chefs, who happened to be our fellow explorers.

Simon's leg is now out of plaster, and hopefully he is well on the mend.

Joseph Footitt

Rag Week

MISSION: You must organise one of the biggest events of the student social calendar in record breaking time. You will persuade the student populous to battle against the obscene climatic conditions and collect heinous amounts of money. Mission Impossible? Mmmm - We thought so.

Rag Week 1997 was to take place in February, earlier than usual, due to the new 2nd year timetable- Part Twos allocated in May. The change gave rise to numerous questions:

'How do we convince 300 freshers that collections in the snow are fun?'

'How can we possibly organise a multitude of events : A Rag raid, several hops, the ball, an external night, T-shirts, stickers, a raffle, a scavenger hunt, champagne breakfasts, a Rag mag and hoards of sponsors in the space of 2 months?'

Many were sceptical, the committee members were just perturbed!

Our predecessors last year had organised a week that we, as Freshers, had thoroughly enjoyed. In succession, we wanted to make this year's Rag just as amazing and as economically successful.

The ten day week, commenced at 4.30am with a morning collection featuring our first champagne breakfast. Between the hours of 6 and 7, St.Thomas', Wolfson and Brian

Creamer House - home to the first year clan was far from peaceful, but the noise created with the aid of stereos, saucepans, rape alarms and one's voice, if annoying, served it's purpose and drove the swarms out onto the street, collection pots at the ready. The massive first morning collection made history in the finance department, the troops of Londoners having been milked of £15,000.

The hops kicked off in warped style with 'The Bad Taste/Attack of the Killer Nerds Hop.' This hair-crimping, purple flaring, pink ruffling, lime green shirting, polka-dot skirting, shell-suiting, striped stocking occasion, was met with a more than plausible response. On this night the bar was a place where 'beer-goggles were rendered useless and where the good, the bad and the ugly ALL looked ugly! On Thursday night, 'Hysteria/Alternative hop' took place at Tommies bar. Despite tough competition from events being held at other universities, this proved to be an immensely popular night, aided by a fantastic publicity campaign and a superb DJ line up. It was very rewarding to see so many students from other London colleges and with 'Killer cocktails' on the menu, who could go wrong? The 'Gangsters and Molls' hop that concluded the first week's evening entertainments, invited feather boas, Tommy guns and pin striped suits from all corners of the 1940's globe. Decorating the bar with outlines of dead bodies using masking tape proved to be more amusing than peeling them off at the end of the night and those who weren't splatted with splurge guns felt like they had been the morning after.

'Refresment after a hard day collecting'

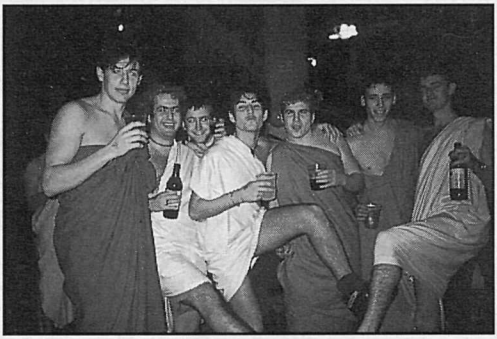
The quiet and tranquil surroundings of Canterbury, adorned with trees and slumbering sheep, were destroyed when UMDS Rag raiding crusaders invaded the city. Luckily, the shops in the city centre were open and tourists and residents were drawn towards the throngs of 'surgeons and nurses' and their enthusiastic manner. Armed with collection pots and buckets, we politely persuaded friendly 'Canterbarians' to part with their gold and silver pieces, and once more the money rolled in. Thankfully, the weather was amicable and many a laugh was had in coach, city and pub.

The Grease hop was one of the most entertaining nights of the Rag timetable as we jived under the guidance of Kav Kavanah and his assistant who together adjudicated the impressive dance competition. Tommies bar, draped in balloons and banners, serving alcoholic milkshakes was the ideal setting for the 'High School Awards' which were, as usual, feared by a few and hailed by others and reinforced the old saying that 'School days really are the best days of your life.'

After last years slightly disappointing external event at the Leisure Lounge, organisers were pessimistic as to whether the turn out at a club night this year would be a success. Much to our delight, the venue - Cloud 9 in Vauxhall - was the perfect setting for such a gig. The two rooms and varied music catered for everyone's musical preferences. 'Euphoria' was a highly acclaimed night and this year a large profit was made.

Endurance was, as tradition predicted, a boisterous affair and as Guy's bar became swamped with the unique sweet aroma associated with the event, the crowd quietly praised the person who had originally invented this....err.... great event....yeah!

The Toga Auction attracted Roman civilians from far and near, and clad in togas and laurel wreaths, the bidding began. The auction was, as always, taxing on the old student loans but a great spectators event all the same. West End theatre tickets and rock-climbing courses were amongst many of the prizes that were generously donated by kind sponsors, and along with some very 'willing' slaves, were ferociously bid for. Just a few hours later, the final and tremendously successful morning collection took place. UMDS raggers battled it out on the streets of London for the very last time, fatigued but still displaying a consistent and overwhelming enthusiasm. Well done.



'The Toga Auction'

Despite exhaustion from the hectic week and the absence of student sweethearts because of Valentine's day, the Rocky Horror Hop was, nevertheless, filled to the maximum. Attendees dressed to impress, give-aways showered the bar and a great time was had by all. As the last hop drew to a close in the early hours of Saturday morning, it dawned upon the commit-

tee that the task of arranging 6 hops in 7 nights was a truly unenviable one!

Throughout the week, at lunchtimes, the Spit and Lusties became a haven for attacks from the HIT and TIT squad. Treacle, flour, eggs and mushy peas were on the menu and the unlucky victims were hand-picked and humiliated much to the amusement of the diners. Lewd dance routines and lots of mess aside, money was made and in Rag week, that's the name of the game.

The week's activities were concluded with the grand finale - 'The Masquerade Rag Ball'. All credit goes to the organisers who had selected a magnificent venue - The Atrium. The triumph of this occasion was unquestionable, marked by the premature and unexpected sell-out. The nouveau concept of a string quartet to elucidate the otherwise relatively typical unsophisticated students at the University, was introduced in order to enlighten them to the virtues of classical music!! Their music was well applauded and much appreciated. Perhaps this ought to be an example to all balls at UMDS - in true masquerade style, even those that we knew were hidden in new identities were left to develop their own character for one night only.

This is one of the few opportunities the committee has, to thank all those who participated in any way . Special thanks go to the Freshers - their undying eagerness was a massive contribution. We are pleased to announce that £50,000 was collected in total and the overwhelming profits made will be donated to the following four charities:

The Tommies Campaign, Guy's Hospital Kidney Patient Association,Guy's Evelina Children's Hospital Appeal and St.Thomas' Heart Research Trust.

The grand total collected is the largest total of any previous Rag Week and reinforces our initial goal of making this the best Rag ever. Thank you.

Rag elections for Rag 1998 Committee members will take place in May and we wish them the best of luck in their organisations next year.

Meela Ghosh &
Hannah Kilbride

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Meela Ghosh
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Programme of Talks for 1997

27 March - 1pm
'House Officer Experience'
by Dr Stella Lowry, International Dept
in Postgraduate Centre

29 May - 1pm
'Contracts and Pay'
by David Barr, Industrial Relations Officer
in Postgraduate Centre

FOOD WILL BE PROVIDED AT EACH TALK

Elective Visit to South Africa

February 1996 Guy Barwell

My dental elective period was split between Tygerberg Hospital, a major centre just north of Cape Town, and working on a mobile health care train in a rural area away from other medical facilities. This report concentrates on the latter, as the contrast to what I had experienced at home was far greater.

Dentistry in South Africa.

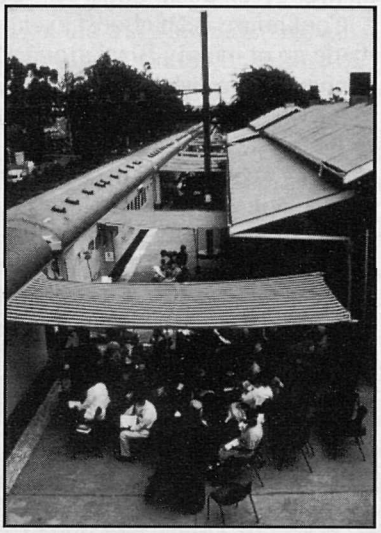
South Africa is a rapidly changing country, only recently escaping the policy of apartheid. Every individual was classified by race, mixed marriages were prohibited; Acts were formed to separate residential areas and facilities - from separate beaches, toilets, schools to park benches. The African National Congress began the fight against apartheid in 1949, but it was not until 1990 - 91 that the reforms came about along with the formation of a multi racial government. Sanctions that were placed by most of the world community have now been lifted, opening South Africa up to sport, culture and tourism.

South Africa still has a very long and difficult way to go. However, most whites have now accepted that they cannot deny equal human and political rights to the non-white population. Traditionally, many whites have argued that majority (meaning black) rule will result in South Africa becoming a third world country. The reality is that for the majority the country has always been third world.

Nevertheless the urban areas of South Africa are very much first-world, with dentistry being no exception. Dental services are available to all (although this still tends to be the whites and a tiny black elite due to financial restraints), practices are numerous, and in the larger centres hospital dentistry appears very similar to that found in England. The problem arises to those living in the rural areas, where dental services simply don't exist, and unfortunately aside from the larger centres the vast majority of the rest of the country can be labelled rural.

Rural South Africa

Dental knowledge in these communities is very limited, reading and writing are not commonplace, and access to the media is understandably limited. The importance of teeth is very low on the list of priorities for these people, in fact many look on them as a drawback and aspire to have dentures. The acquisition of dentures is rare, but there is no social faux pas in being partially dentate or edentulous.



The Health Care Train.

The diet (although becoming more and more westernised) mainly consists of white bread and 'mealie meal', a corn-based concoction mistaken by me as rather tasteless and stodgy mashed potato! This is eaten with vegetable sauce now sweetened with sugar, and washed down with the old favourite, Coke. The problems associated with sugar intake aren't recognised, and oral hygiene is not a part of everyday life. At one of the schools we visited only a quarter of the children raised their hands when asked if they owned a toothbrush, let alone knew how to use one.

The Health Care Train, 'Phelophepa', meaning 'good, clean health', was based upon the Indian Lifeline Express. Having begun just two years previously, the train provides eye care, edu-care medicine and health care to rural South Africa. The Dental coach was added last year, and is run by groups of four or five student dentists, two student hygienists, and a tutor. These groups change weekly, arriving as the train does to a new location on a Sunday to work for the week.

The area where I joined the train was a typical rural 'township', Cookhouse, which is 150km inland from the City of Port Elizabeth on the East coast, it's only service being a shop as part of a petrol station (for the main road up towards Johannesburg), and a post office of sorts.

The train aims to enhance existing health services to the community, however it is apparent that locally there is no provision for care, so 'enhance' is perhaps the wrong word. The major objective is that of screening and education, to make people aware of looking after their own health. Volunteers from the local communities are also being trained as health guidance assistants on board the Phelophepa, and services are taken out to the local schools. The train is run by

Colgate-Palmolive, with the aid of many other national and international companies. Colgate seems to have the franchise for toothpaste in South Africa; when pointing to a picture of a tube of toothpaste and asking children what it is, the answer given unanimously is 'Colgate'.

Cookhouse is an almost exclusively farming community, the population being made up of mainly Blacks, and some 'Coloureds' (i.e. mixed ancestry). Dentistry is unavailable locally to the population of about 2500 people, the nearest settlement where dental practices (practice?) are available is in Somerset East, 40km to the west. Access is still limited, as transport for these people will only be via hitching, walking, or in some instances with so called 'Black Taxis'.

The language barrier was expected to be a problem, not just for me but for the other students, who although speak Afrikaans and English, could not get to grips with the other six locally spoken dialects. Most of the Blacks speak Xhosa, a language where just the name is hard enough to pronounce, while the Coloureds speak a variety of languages, none of which are 'pure', each containing nuances from the others. An interpreter (who gave himself the name 'Blackie') was employed, both to translate and to learn from us enabling him to teach his own community in the future. However, it takes little time to become proficient in sign language, and the use of translations of '*Pain*?', and '*Hurt*?'.

Examination on a platform.

Examination and Treatment

Patients were registered and allocated to the clinic required (often for the full overhaul of medical, eyes and teeth). Clerking was routine, although quizzing patients on who had given prescriptions was vital, as many preferentially visit Witch Doctors (Traditional Healers) over hospitals or general practitioners. One patient was having his hypertension controlled with the daily application of a cold wet towel to his chest!

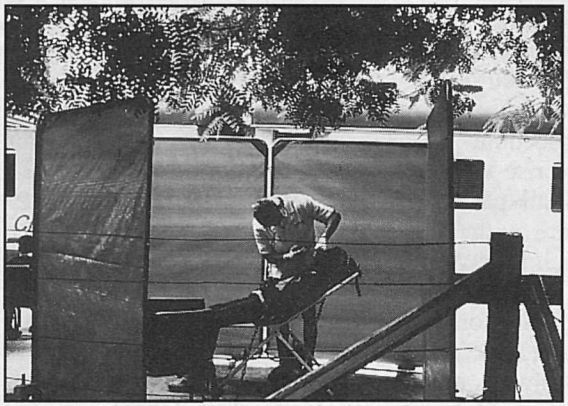
Patients then took a seat in the 'waiting room', or rather station platform (under the sun screen if they were designated private), and played a sort of cross between

musical chairs and a post office queue - all in a desperate attempt to prevent queue jumping.

Numbers and Treatment

The number of patients seen by the dental unit on the train increased steadily through the week. Monday saw just 35 patients attending from 8.00 am to 5.30, while on the Friday 86 patients attended. Over the five day stretch this resulted in a grand total of 328 patients, almost 800 extraction's, but just 3 fillings and 2 radiographs.

This posed problems for treatment space. With only two fully equipped chairs on the train but six people available to treat patients, ways were found to increase patient turnover. Examination and treatment planning was carried out in a normal chair in direct sunlight, open on the platform. While a screen was set up around a mobile examination chair for open air extraction's. To reduce chair time further we resorted to giving the anaesthetic to a number of patients in the waiting area, and as a final resort a second chair was added behind the screen.



'Patient Screening'

The open air extraction conditions were adequate, and whilst playing havoc with backs this option greatly amused the local children. On the unusual occasion when rain came and with it the accompanied lack of light, a pen torch bought over from England, and a jacket held over the patient and operator improved conditions slightly.

Cross infection control left something to be desired. Although there was steam autoclave sterilisation this was replaced at times with instruments left in disinfectant between patients. This was once again due to time restraints and lack of instruments. Sterile disposable needles were used for each patient, and gloves were worn, but the chairs were not always disinfected between patients. Often the next patient would arrive in the chair before having had time to even clear away the previous instruments and teeth from the bracket table.

Treatment

The train was set up with the ideal of being equipped to carry out all kinds of dental restoration. It soon became clear that this was not feasible for two reasons, obviously time will always intervene, but more importantly the universal patient wish for extraction. Even in the few healthy mouths we examined they only wanted to be rid of teeth, and on trying to explain about even the simplest of fillings they refuse, often complemented with very specific sign language. This can be reasoned as being the best treatment available, as with no change in habit a filled tooth is simply a more susceptible tooth.

This left us with very simplified treatment planning, radiographs were time consuming, expensive and rarely required for diagnosis (hence the few taken), and even the most mild level of suspicion gave rise to extraction's. The only care that was required was to decipher which patients were blatantly lying about their symptoms, again in the hope for the full 'dentectomy' - a procedure carried out on many. This gave rise to multiple extractions in almost all patients. Although hygienists were with us, a full mouth clean up (which most require) took up to an hour, so with the alternative of extracting teeth on four or five patients in this time the hygienists tended to spend their time more beneficially teaching in the local schools.

'...patients were blatantly lying about their symptoms, again in the hope for the full 'dentectomy' - a procedure carried out on many.'

Post operative compliance is always questionable, one boy was seen happily rinsing the blood out with a bottle of Coke given by his mother. All sutures used were resorbable as reattendance is poor at the best of times, and with the train leaving at the weeks end this would become rather futile. One patient turned up with wires around her teeth from a fractured mandible some years back.

Shortfalls of the Health Care Train

The main problem with the train was time limitations. The people who were treated were given the opportunity to have any pain caused by decaying teeth removed, but there was no attempt at education on how to prevent further decay. So in effect we simply treated one period in time, there will be no change of habits in the community and a few years down the line many of the dentitions will be in a state of disrepair once again.

The only people who will really benefit will be those who were rendered edentulous. Ideally we could have treated the pain and sepsis, and then educated the patients on self prevention. This could easily be done by teaching to groups, in a similar way in which we educated some of the school children.

Entertainment

Cookhouse is not the social hub of South Africa, apart from a football game against the local team there was not a great deal to do. We heard tale of a pub some 40km away, but the train driver was not obliging, so socialising was the dining car - fortunately with a wholesale off licence in the next carriage.....

And Finally

As already mentioned there is no social disdain to having missing teeth, but this is taken one step further by some females, having their upper incisors extracted as a sign of respect to their husbands! This has been seen to extend to the homosexual population, where, after a prison dentist refused to extract an inmates upper incisors, the inmate returned to his next appointment having smashed his own front teeth with a brick.

Guy Barwell

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Interview with Professor Edwina Kidd

We talk to Professor Kidd, who is one of the first female Dental professors in this country. Any Gazette readers wishing to send letters of admiration to her are advised to address them clearly to her as the Professor of *Cariology* and hope they eventually get to her, even if it does have to be via the Professor of *Cardiology*!. Professor Kidd tells us she has written to the cardiology department thanking them for forwarding her mail!. Perhaps a word with our hospital postman explaining the differences might be in order?.

Professor Kidd, can you give us a brief overview of your role within the dental school and hospital?

My current role is that of Professor of Cariology and I work within the department of conservative dentistry. As far as my teaching role within the department is concerned, I am in charge of the teaching of year two dental students which includes the phantom head course, introduction to clinics and the crown and bridge course.

My hospital role is that I'm a consultant in conservative dentistry, so I do a consultant clinic and two treatment sessions. Because I have an interest in dental caries I get asked to see a number of patients with caries problems.

My third role is that of a research worker and my research interest is obviously dental caries and at the moment I have two PhD students. This research work involves working with colleagues such as Professor Beighton of Kings, who is a microbiologist and David Ricketts, a member of the department of Conservative dentistry here at Guy's who did a PhD with me two years ago.

How much clinical work to you do within your present role?

I spend one and a half days a week doing my consultant clinic and patient treatment. Also when I teach I actually do a lot of treatment for the students whom I teach. I think that's almost essential in year two, as the students are inexperienced and they need some help. It may seem a lot of clinical time, but in one way it's never enough. I'm always dissatisfied with my clinical ability. I would be a lot more satisfied if I was doing clinical work all the time but then if I did I would loose the things I particularly like doing, which is teaching junior students and doing research and writing. So I just have to bite the bullet and realise that I'm not as good clinically as I could be, and sometimes I find that frustrating.

Can you tell us why you chose to do dentistry?

Yes I can, but I'm afraid it's a really hackneyed answer. I can remember the precise moment that I thought I was going to do dentistry. We were travelling in the car, my mother, my father and I. I think I was twelve. My father asked me what I was going to do and I said I had no idea! And I asked him how one began to choose what to do and he said the best thing to do is to think what you liked doing and build something around that. I liked using my hands and I loved making little fiddly things and doing bits of needlework. I also loved drama.

'It may seem a lot of clinical time, but in one way it's never enough. I'm always dissatisfied with my clinical ability.'

So we thought about that and said maybe a dentist or maybe a speech therapist. As my mother had been a dental hygienist before the war we looked into dentistry first and the more I looked into it the keener I got. It's worked out well because I teach, I am now a dentist and I also use my other interest, which I enjoyed so much, as I think in a teacher there has to be certain amount of drama.

You mentioned your mother was a dental hygienist. Are there any other dentists in the family?

No there aren't. The only other dental person in the family was my mother and she was a dental hygienist before World War Two. Very few people know they existed, as most people think hygienists started post war in the RAF. Well, they didn't. There was a group of young women who trained at the National Dental

Hospital, which became University College Hospital. Their training was financed by a millionaire who lived in Hackney. His name was Lord Villers, and his wish was to train some dental hygienists on the American principle, as they had hygienists there. However he wanted these girls to go into the slums of Hackney, which was a very, very poor area and talk to people about dental health within their own houses. And that is what my mother used to do. She used to go around the houses and knock on doors and ask if she could speak to people about their teeth and their dental health. She described horrendous poverty - poverty like I've never witnessed. And she would say, 'You try teaching somebody to brush their teeth when they can't afford a toothbrush and the only tap is four floors down'. I'm sure it's very eye opening and different to see the patient in their own environment and realise what stresses are upon them.

'...she would say, 'You try teaching somebody to brush their teeth when they can't afford a toothbrush and the only tap is four floors down'.'

Where did you do your training?

I trained at the Royal Dental Hospital in Leicester Square. That's now a very large hotel called the Hampshire because the Royal closed. I came to Guy's the year before the Royal closed and merged with Guy's.

What did you do after you qualified?

I worked at the Royal doing house jobs and then did a registrar's job. After that I went to the London Hospital in Whitechapel and spent three very happy years there. That was my first teaching job and I also did my PhD there. Then I returned to the Royal Dental Hospital as a senior lecturer and that's when I got the chance to institute a few of my own ideas into the course. Then I was offered the chance to come to Guys.

For the first few years of my practising life I used to work in an evening practice, two nights a week, in Willesden and then in a practice within the London Hospital where we used to treat medical and dental students as well as nurses and physiotherapists.

So where did living in a convent come into things?

When I qualified I wanted to do my primary fellowship and I wanted to live somewhere where all my meals where provided. And so I lived in a convent run by nuns in the Cromwell Road opposite the Natural History Museum. I was actually very surprised they took me because everybody else was Catholic and I wasn't. But they did take me and I had a very happy eighteen months there whilst I did my exam.

When I moved into my own flat, the Mother Superior helped me to move and she put all my stuff in a mini bus which she used to take her nuns out in.. My father came up to help carry things. After all my stuff had been moved into my new flat my father said 'Thank you so much Mother, if there's anything I can do for you, you only have to say'. And she said 'Well as a matter of fact there is. I'd like to drive your Porsche!' My father then went absolutely white and said 'Right then. Off we go'. So there she was in her habit, and she got into the Porsche and drove it. I don't know how it went or how fast she drove because I was left at the flat unpacking.

'...'Well as a matter of fact there is. I'd like to drive your Porsche!' My father then went absolutely white and said 'Right then. Off we go'.'

Can you identify any key people in your life who you think influenced you in your work?

When I was a student, my tutor was a man called Mr Brian Wade, who was a periodontist, and he had a lot of influence on me. And then my Professor of Conservative Dentistry at the Royal, Professor Pickard, who was very committed to the concept of restorative dentistry. He was also very keen on part time teachers and in people being trained across the board in restorative dentistry. And also my PhD supervisor, Leon Silverstone, who taught me a lot of cariology. I think those are the three people who were very influential on me. However, for the whole of my practising lifetime, I have worked with Professor Smith, who is one of my closest friends and godfather to my son. It has been absolutely delightful to work alongside somebody I like so much for so many years.

After you qualified, did you ever think you'd end up being a Professor of Cariology, one of the first female professors in this country after Professor Geddes?

When I qualified my major interest was in periodontics and it just so happened when I got my fellowship and finished at the Royal, I was looking for a job in periodontics and there wasn't one. But there was a job in conservative dentistry at the London.

When I went to the London I did my PhD with a cariologist, and that's how my interest in cariology started. After that I merely continued along that road. To be quite honest with you I didn't ever expect to be a professor, but I'm lucky it happened.

You were made a professor nearly eighteen months ago. How does it feel to be one of the first female professors in dentistry?

'The one thing I do not want to do is run a department.'

I still can't believe it happened. I still do a double take every time someone says 'Prof.!'. I'm thrilled that it has happened but I still can't believe it has.

So, now that you are a professor, do you have any other ambitions?

There's one more thing I'd like to do if I possibly can. There's are research degree in the London University, it's a senior research degree. It's called a DSc, and if I could get a DSc I would love to before I retire. You basically bind together your research work and it goes off to an examiner who decides if it's good enough or not. One person you know who has a DSc is Moya Meredith-Smith.

Given all that you've attained and achieved, do you see yourself as a head of a department?

The one thing I do not want to do is run a department. I couldn't be happier working with and for Professor Smith, head of Conservative Dentistry. I never wanted all that admin. and I'm delighted that I don't have to do that.

We've talked at length about your work. Where does family fit in?

My husband Richard is an accountant and we have one son, Andrew, who is now sixteen. And when he was little I disappeared out of here at five o'clock sharp and I was always home by six to be with him. Now I leave a little bit later. But you will find that when I'm asked to lecture in the evenings and at week ends I always refuse and I'm known for it. There is a life beyond dentistry and weekends and evenings are for my husband and son. They are very important.

I do love travelling and that's something we all do together. My husband Richard is Cornish and we tend to go to Cornwall every three weeks. We have a house down there on the cliff top with the Atlantic at our feet, and we look upon it as home. The north coast of Cornwall is fantastic and I tend to go swimming every morning in the spring, summer and autumn with my friends when I'm there.

I do travel a bit in dentistry and Richard is nice enough to stay at home and fulfil the role of both mother and father when I do. It's absolutely fantastic to have someone so supportive. I'd never have done any of this with out his support.

If you were asked about a choice of career, would you recommend dentistry?

I love doing dentistry and have never regretted it. I would do exactly the same thing again and would advise any young person who wanted to do dentistry to go for it!

Nabeela Ahmed

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Final MB: A Guide to Success in Clinical Medicine. 2nd Edition

Author H.R. Dalton
Publisher Churchill Livingstone
ISBN 0443053324

The second edition of this book has a hard act to follow as the first edition was extremely well written and seemingly very popular with the medical students (usually purchased just before finals for some crucial last minute cramming!). The second edition is laid out in a similar way but sports a rather more colourful exterior than the first edition.

The book is split up into four sections: general principles, the long case, the short cases and the viva voce (the medical student's favourite). The general principles section covers such topics as the structure of a typical medicine examination, how to get on with the examiner (pay them handsomely!), and what equipment one needs to go into the examination with. The long case chapter details how to approach this subject and also gives some examples at the end. The short case section is perhaps the most useful part of the book. It gives a general approach to the short case examination and goes through the different system examinations (cardiovascular, respiratory, gastrointestinal, renal, endocrine, neurological, rheumatological etc.). At the end of this section it has two very useful chapters, the ECG and radiology, in which various ECG tracings and X-rays are printed for the reader to interpret/guess. The final section explains about the dreaded viva and gives examples of commonly asked questions. Overall, this textbook is an extremely useful acquisition and I would recommend it to all final year medics (and other clinical students for that matter). The only slight problem with the book is that it has been written for the old style exam. At Guy's the finals have been revised so that there is no longer a long case and the viva is no longer for everybody, but only those who are pass/fail (thank god!).

JRD

Essential Medical Procedures

Author Toghill
Price £19.99
ISBN 0340631872

This is a rather unusual textbook in that its main purpose is to describe to the reader the carrying out of various commonly performed medical procedures. My first thoughts before actually picking up this book, were that it is surely better

to watch or carry out these procedures than to read about them.

However, after reading the first few chapters I quickly discovered that this textbook explains far more than just how to carry out procedures. For each procedure the book explains what it actually involves, indications for the investigation, preparation of the patient and the equipment, the actual technique and complications. The book covers a number of subjects including venepuncture, transfusion of blood and fluids, I central venous line insertion, arterial blood sampling, skin suturing, passage of a nasogastric tube, sigmoidoscopy, percutaneous liver biopsy, urethral catheterization, insertion of chest drains, cervical smears and lumbar puncture. The text is punctuated throughout by colour photographs, for example, of the various pieces of equipment, step-by-step diagrams of the procedure etc. Also inserted between the blocks of text are very useful information boxes summarising what has been written. Although there is no substitute for carrying out a procedure oneself, this textbook is a useful tool for medical students, in that it may well give them a little more confidence in carrying out procedures for the first time (such as venepuncture) which can be quite nerve-racking, especially when the busy junior doctor throws a syringe and blood bottles your way and just walks off. Some of the chapters explain procedures which are not usually carried out by medical students (not in this country anyway). These chapters are still worth reading however, as they give information which the student may well need and be asked about in exams or by their consultant. Overall, this book is well worth a look especially just before your first attempt at venepuncture on a poor unsuspecting patient!

JRD

A Manual Of Paediatric Dentistry

4th Edition
Churchill Livingstone (paperback)
ISBN 0 443 05372 3

This very readable text provides a comprehensive guide to paediatric dentistry, although not extending far from the objectives of the 3rd edition. There has been a revamp in the cover which is more aesthetically pleasing and a change in title coming into line with the UK title for this speciality. An additional chapter on tooth wear and erosion has been added bringing it up to date.

The treatment aspects are considered in great depth with limited details regarding aetiology and histopathology, however this is a benefit as it provides a more practically orientated text.

Personally I appreciated the first chapter in its introduction to the management of the child patient, although

some of the text may appear commonsense it is often overlooked. The tabulation of points already covered in the text in some of the chapters allows quick review once the chapter has been read.

The clinical techniques are discussed in a step by step manner with illustrations that are well placed and easy to follow. However I would have appreciated some colour illustrations in the trauma section, which if I had any criticism would be the only section that could be improved. Perhaps also an additional chapter on dental care for children with special needs including coverage of relevant medical history would benefit us undergraduates with less experience in this area.

Its strength lies in the fact that it covers the scope of paediatric dentistry to provide a solid basis of understanding which may be built upon with further reading if so required and a list of references and recommended texts at the end of each chapter make the follow up easier. The authors have managed to produce a text that does not leave you feeling drowned in theory.

The layout enables quick reference to be made to relevant topics and this may be useful in practice even to postgraduates and I know of one practitioner who does on occasion refer to his practice copy!

Nazli Imtiaz

MCQs in Obstetrics & Gynaecology

Third Edition
Marcus E. Setchell & Richard J. Lilford
Published by Arnold Publishers
ISBN 0 340 58896 9 Price: £7.99

This fairly priced book is intended as a self-assessment companion to the sixteenth editions of Gynaecology by Ten Teachers and Obstetrics by Ten Teachers. It is useful for students of these subjects to find out their own levels of knowledge and comprehension of certain key areas. However, it is not of sufficient length to act as a primary revision aid as it only contains 184 MCQs.

The answers are handily placed on the opposite page to the questions and the book is well laid out and easily readable. I found that the questions were set at a manageable level for undergraduate medical students and that the explanations were more informative than those of the previous editions. Each question has by its side a reference number indicating where the subject in question can be found in the accompanying Ten Teachers texts.

In summary a good little book than can be used with or without the companion books, which is not expensive, but which is not comprehensive enough to act as a primary revision aid.

BJC

A Tale of two Casualty Officers

It is about 5 am. I have the dubious honour of being the Medical Registrar on call... again... I've been thinking about this recently. In the last four years I have been on a one in three or one in four rota. This, when taking leave into account works out as an average of one night in every four and one weekend in every four spent in some hospital of other, Effectively a quarter of my life.

Now I know what the older medics reading this will say... (thick northern accent...) 'When I were a lad we were on call every night, and the consultant 'd beat us with a soggy black puddin' if we were lucky...' Well, I know all that, and of course they would spend their nights inserting pacing wires and Pulmonary Artery Catheters, while sorting out the post strep arrhythmia on the newest acute MI on coronary care and chasing a bed for the next admission while writing a thesis on the role of the extract of foxglove in fibrillation of the atria and repairing that newfangled electrocardiograph...

In other words, yes I know we work fewer hours, that has changed over the last few years, but the result in most hospitals is a dramatic decrease in the number of doctors on duty at any one time. With protected sleep and hours restrictions, most hospitals survive on one house Officer, one SHO and a registrar covering A&E and maybe a house officer covering the wards... as one ex-boss of mine commented, the only thing between a patient and his maker at the weekend is the cover Pre-registration House Officer.

Enough of the politics, and back to those Casualty Officers... These are a strange breed... a cross section of the medical profession who divide into various groups. Two examples are on duty tonight. First we have Doctor Justin Case '*Hello, is that the Medical Registrar ? I have a 24 year old woman with Chest Pain... the ECG and CK are normal... No there is nothing to find on examination... no the Arterial Blood Gases are normal... No, the pain is gone and she feels fine now... well I'm sure there is nothing wrong with her, but I'd like you to review her... just in case...*' Although these are frustrating, at least they are safe.

Then there is Dr Nocom Insense '*Hello... Yes this 53 year old man is fine, he came in with a fractured finger... yes he could go home but he gets these cramping pains in both calves at night... He's been getting them for six years....Hold on a minute, I will ask him .... Yes, they could be night time leg Cramps, what should I do ? sorry, how do I spell Quinine ?* ' No comment.

Of course these are generalisations, but both of these calls came through to me between four and five am while I was on call two nights ago. One the other hand, the night was not a complete waste of time. The lady admitted

THE VIEW FROM OVER HERE...

by another team last night looks like she has Guillan Barre, and is on her way to ITU as her Vital Capacity begins to drop, and the SHO has just picked up on a Thoracic Aortic Dissection, the local Thoracic Surgery Unit are going to love us !

Now, you'll have to excuse me, I have to get back to that presentation on the extract of foxglove and its role in heart failure... how little has changed...

Paul Cable

Note: Some of you will notice that the Banner on this piece has changed...Apparently a column in the women's section of The Independent carries the same title, and I'd hate you to get confused...!

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Send for the Handywoman!

I have written in these pages before about the 'handywoman': these were unqualified 'midwives' who undertook to deliver babies in people's homes in the nineteenth, and early years of the twentieth, centuries.

In addition to these duties, the 'handywoman' also laid out the bodies of the dead. Nurses have subsequently taken over this latter duty, and indeed have a great deal to do with both the care of the dying, and their bodies. They are probably more likely to be in attendance when a death takes place in a hospital, than a doctor. How many doctors have actually seen a patient die? So it comes as some surprise to me when visiting an exhibition about death that nurses receive scant regard. There is an otherwise very interesting, fascinating and detailed exhibition, entitled 'Doctor Death', at the Wellcome Institute, in Euston Road, which I would heartily commend to all readers; nurse, medical students, or anyone else. Maybe the defence of the organizers would be, well it is called 'Doctor Death'; but if one wanders around this exhibition, all sorts of people who have an association with death receive more attention than the nurse, who I feel sure has a strong connexion, In fact, the only mention I could detect, apart from a brief line about Macmillan Nurses in the brochure, refers to Dame Cicely Saunders, who played a seminal part in getting the hospice movement going, and was the Director of our neighbour St Christopher's in Sydenham. She features only because she gave up nursing to train as a doctor. Having said this in a critical tone, I would otherwise heap nothing but praise on this exhibition. The exhibition is divided into six main parts, including an introduction and film strips. The first section is about definition of death. It extends from early methods of diagnosing death to the most modern techniques. The possibility of an incorrect decision is touched upon; this reminded me of one child who visited a cemetery and found so many graves contained bodies of people who 'fell asleep' on such and such a date. How, he wondered, was it possible that so many folk could be rushed away like this, when they were only asleep? He tried to stay awake every night! At one time it was most common for believers to think death was simply the time the soul left the body to go, where? Heaven, they hoped. Nowadays, I realize, as someone who regularly conducts non-religious funerals for folk who no longer believe such fairy stories, this idea has less currency. The administration of death, covers such topics as suicide, euthanasia, capital punishment for murder, and even the use of contraceptives, as death at its most early stage. Leaflets from St Christopher's - who judging from my knowledge of the

length of a patient's stay, seem very good at speeding death for you - and from the London Lighthouse pose a problem. I always thought clients at the latter were there mainly to help them 'live with AIDS' - dying coming very much lower down the scale. There are two sections devoted to the use of the dead for the living. Section three is concerned with anatomy. At one time getting hold of bodies to dissect was difficult. Burke and Hare are famed names in this sordid business - actually killing victims to supply corpses for Dr Knox's anatomy school in Edinburgh. Hence the use of the term, 'burking'. Astley Cooper, at Guy's, along with others, believed it was necessary to requisition the bodies of the poor for teaching. A curious survival is the bequeathal of your body to medical science today - which will leave you without a bill for a funeral! Jeremy Bentham, the utilitarian philosopher, bequeathed, his own body: its remnant, plus his head and clothing are still visible at University College, that haunt of the godless in Gower Street. This just round the corner from the site of this exhibition. The fourth section deals with transplantation. From the days when teeth were not 'false'. but actually obtained from a corpse; there is a particularly lurid picture of a woman stealing the teeth of a hanged man. But the work of such as Christiaan Barnard and Sir Terence English in modern times is also featured. 'Beyond Death' not only deals with the afterlife, and precautions taken against being buried alive, but the more practical matters which undertakers, ancient and modern (the cardboard coffin) deal in, Strangely this section contains a 1952 'First Aid Manual', I always thought first aid was to prevent death, as confirmed in the guide accompanying the exhibition. The final section is concerned with death's revenge. This deals with a number of topics, including fear of death. The exhibition includes many illustrations and drawings. It used to be said that death could be talked about, but sex was taboo in the nineteenth century. Our century has seen a reverse. But death can be talked about more freely today. Although the introduction finds death an affront to modern medicine - this admission of failure worries nurses as well,

As the poet Henry Normal has written:

The English don't die they just be come discreet You never see a hearse clamped on Harley Street!

The exhibition at the Wellcome Institute is open until 21 June, it is free, and so is the lavish brochure with its more than sixty pages. The Art Show at University College is also free but closes on 21 March. So while you may be too late for the latter, there is still plenty of time to brave the Northern Line, and have a look round. But do remember, when you fill out the comment form to ask: where are the nurses?

Denis Cobell

Are your exams Hit or Miss?

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Guy Wigley

Dr Guy Wigley MRCS, LRCP, FFCM, DPH, former Medical Adviser to the Greater London Council and a great innovator in public health, died on February 9th, aged 83. He was born on January 28th 1914.

Guy Wigley was educated at St Pauls School and Guys Hospital, both of which he represented as an oarsman. He qualified just before the second world war and after a year in general practice joined the Royal Navy. He saw active service in the Russian and Maltese convoys as surgeon lieutenant commander. When he was newly qualified, Guys younger brother died of diptheria. The knowledge that immunisation for the disease existed but was not widely available inspired him to look towards public health as a career and he gained his diplome in Public Health in 1947. He was an innovator both in his professional life and during his retirement. As County Medical Officer for Middlesex from 1962 to 1965 (and its Deputy Medical officer from 1950) he pioneered changes in treatment and care for the mentally ill and mentally handicapped. Under his stimulus and direction the Middlesex Health Department set up the first special care unit in the world for mentally handicapped children .(1957) . He was prominent in other pioneering ventures including Middlesexs first of many group homes for the post-hospital mentally ill (1960) and the first day care centre for the elderly mentally infirm (1964). With the reorganisation of local government he transferred to the Greater London Council as Deputy Medical Adviser from 1965 to 1973 and Medical Adviser until his retirement in 1979. Here too he was an enthusiastic innovator. He reformed the London Ambulance Service and helped develop new resuscitation techniques and training for paramedics. He streamlined staff medical services and developed a computer based system for monitoring staff sickness statistics. His energy was also displayed outside his working hours. He was a trustee of the Disabled Living Foundation since its inception and a member of many organisations in the field of mental and other handicaps. He flourished in retirement when he was able to develop a wide range of interests. As a traditionalist, the high spot of his year was to attend the Henley Regatta, appropriately attired! He also liked nothing bet-

ter than to pick out the diff erent rowing crews as they passed the window of his riverside flat, which gave him a perfect view from Barnes Bridge to Chiswick Eyot. As someone committed to improvements in the well being of the mentally ill and mentally handicapped, he continued these activities following retirement. He was the first chairman of the Richmond and Barnes Association for Mental Health which supported a series of Group Homes as stepping stones back into society for those recovering from breakdowns. He also started a highly successful counselling service and initiated other projects for the mentally ill. But above all he was a great local character who, until he was 80, would start each day with a two mile walk across Barnes and Putney Commons f or a one mile swim. Right to the end he was surrounded at home by a diverse group of friends, young and old alike. He was a great listener, a wise counsellor and a generous host in his provision of food, drink and advice. In addition to his traditional upbringing and civic virtues, he cared deeply for people at the individual level.

He was helping troubled people right up to the end by listening to their dif f iculties whenever they telephoned or came to see him. He was sympathetic and respectful and they grew to love him. He leaves a son and a daughter, five grandchildren and a varied host of devoted friends.

Mary Reidy

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Rugby

United Hospital Challenge Cup Final - Guy's v St Mary's
London Welsh Ground,Richmond
Wednesday, 5th March 1997 - Result Won 33-11

At last they have done it. Amidst scenes of great rejoicing a packed Old Deer Park saw Guy's bring home the cup for the first time since 1971. This was a fantastic achievement for the Rugby Club and a great tribute to the hard work that the Capt. Greg Ryan and his men have put in over the last few seasons. Guy's have threatened to win the cup for some years now but to intense frustration have lost out repeatedly by the odd score to their arch rivals St. Mary's. Thus this victory was all the more sweet both for the comprehensive way that it was eventually achieved and for the fact that it took place in a season where the playing side of the club had been so disrupted over the first half of the season following the suspension of several players after misdemeanours on an early season rugby tour to Plymouth.

The game was played at a frenetic pace and with the intensity appropriate for a cup final. Nick Gibbins at flyhalf had one of the those days which he could only have dreamed about previously when he seemed unable to miss kicks at goals, where his line kicking sent the St. Mary's side back 50 yards time after time and when his drop-outs were spot on, enabling the rampaging Guy's back row to compete for possession. Guy's kicked off with the wind and from the very first attack were awarded a penalty which Gibbins converted. He followed this with a further four penalties in the first half alone, one of these being from the halfway line. St. Mary's kicked two penalties in the first half as well as a try but were never in front. After 30 minutes Ugo Ekowa went over in the corner after a fine move in which the forwards had regained possession from St. Mary's, worked the ball through several rucks and with the defence in disarray Ekowa crashed over to score in the corner with Gibbins once again putting the ball between the posts.

Just before halftime St. Mary's came back with a good try to take the half time score to Guy's 22 - St. Mary's 11. With Guy's then about to face the wind most spectators wondered if the lead was going to be enough.

However from the re-start Guy's forwards became more and more dominant with Ryan and Davis in the back row playing magnificently and with St. Mary's getting more and more desperate they conceded two more penalties to the boot of Gibbins before he finally missed one. Against the wind the ball held up for a sufficiently long time to enable the speeding Rosier to startle the opposition fullback into fumbling behind his line. From the subsequent scrum the ball was moved to the blind

side where the elusive Ekowa went over for his second try. With the score at 33 - 11 and Guy's were home and dry for the first time for 25 years.

Much of the credit for the clearly apparent organisation of the side must go to our new coach, Steve Farr. The whole side played with passion and commitment though the pack must take particular credit for being absolutely solid in the front 5 in the face of a heavier pack and although they were well beaten in the line outs, in the loose there was only one side in it and Guy's managed to rob St. Mary's of the ball on many occasions. The defense of the side was outstanding and strikingly Rose at fullback had hardly anything to do all afternoon.

The result was greeted with ecstasy by the vast number of supporters at the ground who were then able to indulge their well known ability for celebrating.

Team and squad: Hostert L, O'Sullivan F, Woodsford D, Thorpe B, Wood B, Davis P, Ryan G (Capt), Llewellyn W (sub Sharpe M 36mins), Morgan S, Gibbins N, Lawton G (sub Rosier S 40mins), Davies N, Costello J, Ekowa U, Rose M. Subs: Jenkins M, Davies J, Murphy J, Etok R, Clinton R, Scholefield B, Elias R, Challacombe B.

SJC

Courage League London SW3
Lost 16-27
Alton away 8th March 1997

On a cold damp day Guy's played their postponed league match with Alton. The previous game had been called off after Guy's travelled to Alton to find the pitch frozen. Guy's were fresh from their triumph in the Hospitals Cup final but missing several key players through injury. It was clearly going to be difficult to get Guy's focused on this match even though they desperately needed points in the league. So it proved with the very big Alton side crashing over for two early tries which were converted, to a penalty by Gibbins. Curiously the referee overruled the touch judges who were of the opinion that the ball had missed the posts.

There followed a passage of play which was not pretty rugby with the large Alton pack attempting to drive holes through the middle of the Guy's defence and on occasions succeeding. Guy's hit back though with an excellent try where the ball sped along to the right wing and Ugo Ekeowa appeared from the left wing to make the extra man and score in the corner. Guy's scored again just before half time when a good rolling maul from the forwards was stopped and the Alton backs were again caught yards off side and Gibbins kicked the penalty to take the half time score to Guy's 11 - Alton 12.

Unfortunately in the second half Guy's were due to face both the wind,

slope and the larger Alton side. Alton went further ahead with a penalty and then scored a try in their favourite corner bottom left hand side of the field having attempted two pushover tries but being thwarted on those occasions by some valiant defence from the Guy's pack (20 points to 11). Guy's then scored a marvellous try in the right corner after the ball had passed through most of the hands of both the forwards and the backs. Guy's at last showed Alton what they were capable of and brought the score to 20 points to 16. Guy's would actually have been in the lead had not a perfectly good try by Greg Ryan been disallowed for a forward pass seen by the referee but by nobody else on the field. Eventually the rather curious decisions of the referee's irritated both sides but Alton powered over once more under the posts after another penalty to win 27 points to 16. Guy's played better in the second half though they clearly missed the powerful round the fringe tackling of Davis, Llewellyn or Challacombe. Christian Smith played with great determination, Mark Jenkins and the two wingers played very well and the front row were very solid against a very big Alton front row.

Team:Hostert L, O'Sullivan F, Woodsford D, Thorpe B, J Berliner, Wood B, Ryan G, Smith C, Morgan S, Gibbins N, Ekeowa U, Jenkins M, Morgan P, Coker R, Lawton G.

UMDS Squash Club Hospitals Cup winners 1996/97

UMDS 1st Team Report:

Having held a good position in the first division we were anxious to maintain our efforts this term against newly promoted Kings college and LSE 2.

We had few problems in defeating Kings in our first match of the second round. LSE 2 were a very good side, as good as LSE 1 and in fact managed to get more points against us than LSE 1. However, a walk over from St Georges 2 and a very convincing win against the Royal Free gave us a boost up the points table. The second half of the round saw a return to squash for Remin Nath who played exceptionally well in all his games. The first team is now a very competitive squad consisting of Irfan Halim, Ben Jones, Laurence Boss, Toby Zundell, Remin Nath, Ed Behn as well as second team members Marcus Bishop, James Coupe and Anu Patel. My aim is to bring back the UH Cup to Guys and St Thomas (last won by Guys in 1988, a side captained by Ray Sharp). The date for the Cup wasnt finalised until the last minute, resulted in little publicity and we were unable to play Toby who was away in Paris. Even without Toby we were able to put out a very strong side: 1.Irfan Halim 2.Ed Behn 3. Ben Jones 4.Laurnece Boss 5.Remin Nath.

We took some time in deciding the order but Laurence and Remin jibbed out and made me play no.3! The cup is completed in one single day, at an exhausting pace. We were drawn in the preliminary round to play in the division with Barts and the Royal Free. We beat both despite the Royal Free having 3 very good players. We played Marys in the semi-final and won with relative ease. Irfan struggled against most of the opposition but did beat the Barts no.1. Ed found his feet by playing with power until the ball broke or reached warp speed 9! The rest trundled through relatively unscathed until the final against the Royal Free. In a very exciting match, the RFH went 2 up defeating Ed and Irfan. Laurence cruised by his opponent as did Remin. I had a much harder game in which we were equally matched but managed to pull it out of the bag in the fourt game despite dislocating my left shoulder on court ! With the Cup back in UMDS hands and a fine bottle of bubbly we left satisfied but exhausted.

Dental Staff v's Student Match

Once again the staff gave the students another rough ride on the courts at the Pavy Gym, winning all of their matches, not without a fight from Arfan who raced about the court no less than

3 times ! Unfortunately another early night for most but Ray, Guy, Myself and Arfan had a wonderful evening courtesy of Sweeney Todds in Hays Galleria. The fixture will be played again in the summer term and I hope the students can summon up a few more games !

Universities of London Results for Div 1 Round 1

1. EXS 189
2. UC 1 171
3. LSE 1 171
4. IC 1 168
5. UMDS1 148
6. RFH1 142
7. SOAS1 138
8. ST GH2 116
9. IC2 104
10. ST Georges 183

Ronald MacDonald Suashathon

This charity raising event is the brainchild of Arfan and the supporting care boarding house, Ronald Macdonald House at Guys Hospital. The charity has already provided us with some T- shirts for the club and we aim to return the favour by raising some money for them. The idea is to pair up with another player and produce endless rallys within a certain time or continue until you drop. One can be sponsored for the number of hits in the allocated time or a lump sum for the whole event . For more information on how to enter, contact Arfan Rashid.

Guy's and St Thomas' Hospitals Championship 1997

Although entries were a little slow coming in, we eventually received 32 entries, not all of whom turned up but I'm sure they were there in spirit ! The tournament was eventually completed in just 3 nights with a plate competition. Fun was had by all and the aim of more squash being played with new people was achieved. There were 4 groups and a seeded draw was kindly made by Emily Champ (Ladies football Captain) John played well in the semi-final against Irfan (the no. 1 seed) to beat him 3 1 in quite a long but exciting game. Ray Sharp had no problems in displacing Toby from the Tournament who was tired from an excellent game with Ed Behn. The final looked as though it would all be over quickly as Ray cruised to 2 0 . However John was not about to lose without a fight and won the third. The fourth game saw both players tiring but Rays superior fitness paid off ! Congratulations to Ray who dazzled us with his unorthodox squash all week ! The plate competition was won by Harry Parks.

Ben Jones

UMDS Womens Basketball Club

Following a great deal of interest by girls at the 1996 freshers fair, myself, Debbie Thomas and Louise Wright took it upon ourselves to set up a new club dedicated to womens basketball.

To begin with there was a real struggle because we found it was necessary to be recognized as a club for a year before funds were available from the United Clubs sporting budget. We had many things to organize, where and when to play, how to get hold of equipment etc. However, with support from the mens basketball club, we managed to borrow old basketballs to practice with.

Under the great patience and guidance of Fiona McHugh, our coach, the girls have made great progress. Unfortunately, we are very limited by the court facilities. At the moment we are forced to practice in the Pavy gym at Guys, where there is only half a court and one hoop!

Presently, we practice once a week on Thursdays from 6 to 8pm, where all levels are welcome. Next year when we are given some funds we hope to hire a full court and set up some outside matches. Our plans include playing in the University of London league. So if your are interested please do come along and have a go, it is lots of fun and everyone from medics, dentists to nurses and medical secretaries play.

Hema Verma

Blues Awards

The following is a list of students with full and half blues awarded over the last couple of years. Congratulation to everyone.

Badminton Club
Half Blue: Annabel Wheatley

Sailing Club
Half Blue: Guy Barwell Ben Eddy

Water Polo Club
Full Blue; Jason Lai,
Ben Challacombe
Half Blue: Pete Davis, Nick Lai

Men's Hockey Club
Full Blue: Simon Finn, Jamie Galbrath, Dom Paviour, Ollie Harley
Half Blue; Will Fellingham, James Simpkins, Guy Barwell Robert Hatrick, Tim Earl

Cricket Club
Full Blue: Sanjeeve Wickeramasingh,
David Simcock, Mike Lewis
Andrew Jowett
Half Blue: Dharmesh Mistry

Mens Boat Club
Full Blue: Steve Arnold,
John O'Leary, Richaer Baird,
Matthew Gray
Half Blues: Dylan Jewell,
Steve Lewis, Howard Wright,
Sidd Nene

Womens's Rugby Club
Full Blue: Dominique O'Leary
Charlotte Turrell
Half Blue: Sarah Good,
Naomi Streeton, Iddy Smith,
Anja Halfyard, Madeline
Debuse, Hannah Burrage

Women's Association Football
Half Blue: Phillipa Evans,
Angela Rees, Anna Maw,
Caroline Child, Jane Shackel
Tanya Burton

Men's Association Football
Full Blue: Andrew Jowettenter,
Fingal O'Reilly, Chris Eldridge
Ian Pearson
Half Blue: Neil Guha, Matt Stenning
Paul Redbond, Matthew Bultitude
Jason Pinner, Dave Secchi,
Noel Pattern

Squash Club
Full Blue: Cyrus Nikkah
Peter Goodyear
Half Blue: Fisal Kahn, Matt
Clare, Dilly Cole

Men's Rugby Club
Full Blue:John Davies,
Ugo Ekeowa,
Lutz Hostert, Ben Challacombe,
Pete Davis, Jon Morgan ,
Pat Gush (affiliate),
Graham Bevan (affiliate),
Half Blue: Don Baladasan ,
Sammy Darwish, Prodip Das,
Andrew Williams, Richard Clinton,
Finbar O'Sulivan,
Barney Scholefield ,
Harry Evans, Jusin Burt, Davis
Evans, Shane Rosier,Mark Jenkins
Marcus Sharp, Graham Lawton,

Netball
Full Blue: Charlotte Turrell
Half Blue: Cerri Martin,
Kathherine Lawrence,
Cate Ston Jones

Tennis
Full Blue: Giles Stafford,
Dilly Cole, Sarah Styles,
Half Blue: Marcus Sharp,
Jeremy Carter, Badri Chandrekaran,
Richard Hewitt, Christ Goldsmith,
Felicity Llewellyn,
Amanda Greenwood,
Arabella Norman-Nott

Womens Hockey Club
Full Blue: Hannah Reece Jones ,
Christina Yu, Naomi Webber,
Half Blue: Rebecca Hughes,
Shahana Uddin, JJ Lee

Womens Boat Club
Full Blue: Vannessa Parmenter,
Danielle Power, Oliver Foote,
Sharon Payne, Lorraine Fisher
Half Blue: Rachel Tennant,
Amanda Bond,
Nina Barows, Claire Emery,
Heloise, Daffydd Edwards,
Howard Wright

CLASSIFIED AND ANNOUNCEMENTS

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Deaths

BEATON Alan Gordon. BDS(Lon) 1983 MRCS, LRCP. All qualificarions obtained at guys. Was born in 1915 and died peacfully 1996.

Guy's and St Thomas' Old Students Day

This annual event is to be held on th 12th December 1997 at the St Thomas' campus. All Guy's and St Thomas' Old student are invited to attend. Last year the event was very well attended with postgraduate lectures being given throughout the day as well as a wonderful buffet. A very good chance to meet up with old friends.

Wanted Books

The following books are greatly sort after:

BURNET, Sir Macfarlane:
(1) Immunological Surveillance 1970
(2) Intrinsic mutagenisis 1974

HEILMAN, RB This Great Stage

Anyone who can help please call Dr M Conran tel. 0171 286 3454

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Colonel (Retired) Tony Willman,
RHQ RAMC, Keogh Barracks, Ash Vale, ALDERSHOT, Hampshire GU12 5RQ

Alternatively, Telephone: (01252) 340307/340309 or FAX: (01252) 340224

GUY'S HOSPITAL, MEDICAL & DENTAL SCHOOLS

Gazette

May/June 1997

- Interview with Professor Challacombe
- Sir William Arbuthnot Lane
- Keats Memorial Lecture

New Subscriber

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GUY'S Gazette

May - June 1997

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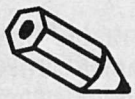
email: guys-gazette@umds.ac.uk

Passim

Being handed around the hospital just prior to the General Elections was a bulletin compiled by Guy's Public Relations Department containing a brief outline of the three main political parties health policies. Now, post-election only one page is of interest, and interesting it certainly is. After the usual abuse of the Tory policies, Labour get down to the important part. A £100m cut from NHS red tape and use the money to reduce waiting lists by treating an extra 100,00 patients. An end to waiting for cancer surgery. Replacing GP fund-holding with local partnerships bewteen family doctors and nurses. Tackle problems of mixed sex wards and a total ban of cigarette advertising.

A puzzling part of politics is that the party's manifesto need not be kept to when they are in power. Will Labour fulfil all their promises? Although the Gazette is not one for dictating polices, a ban on cigarette advertising cannot be a bad thing.

Guy's future under a Labour Government is just as unclear as it was under the Conservatives. We have retained our hard working MP Simon Hughes to fight our case but we will have to pause and wait to see how the tide of change will work for us. Labour have pledged to save the NHS; however, have they pledged to save Guy's, it's flagship?



Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

In Memory of Toby Thomas

Dear Sir,

On the afternoon of Monday 25th November 1996 my son, Toby Thomas, died in a road traffic accident on the A3.

He had been to North Clapham to deliver his patient study to the GP to whom he had been attached and was making his way back to Guy's Library to continue his studies. He was riding his old, but well maintained and trusty Phillips bike with one red mudguard and one yellow mudguard. On the Saturday before his death, he persuaded the manager of his local Iceland supermarket to give him a damaged wire shopping basket. With great enthusiasm Toby fixed the wire basket to the pannier of his Phillips bike, using four tightly fitting jubilee clips. On Monday morning he set off from his flat in Grays Inn Road and attended lectures at St Thomas'. During the course of the morning he fixed a broken part on someone else's bike and after a Mars bar for lunch, off he went to Clapham North. As always wearing his protective helmet. Instead of wearing his old army knapsack on his shoulders, he carried this in his newly-fitted basket behind his saddle and above his rear wheel. It appears that very sadly the wing nut which holds the pannier carrier to the main frame of his bike worked loose and the pannier carrier, wire basket and heavy knapsack swung backwards. The one witness described Toby and his bike wobbling as if he was drunk and not in control of his bike. His wobbling was caused by the sudden transfer of weight to the rear of the bike. It is probable that Toby looked behind to see what was happening and at this stage fell to the ground to his right and under the rear wheels of a passing lorry. The Coroner, Sir Montague Levine, at Southwark Coroner's Court accepted that death probably arose in the above way and returned a finding of accidental death. I had recently spent a lot of time in London with Toby and his brother Fergus. Toby kept his bike in his bedroom as he was worried that it could be tampered with on the street. Every morning as we left the flat together my last words were 'Toby, for goodness sake be careful on that bicycle'. Toby would always reply, 'Dad, I am going to be all right'. With his considerable Faith, I am sure that Toby is all right now - but it is extremely painful for those of us who loved him so much to get on with our lives without the happiest, kindest and outgoing people around to share life with.

I don't want anyone else to have to suffer the way that my family and myself have suffered and continue to suffer. I don't want any other brilliant young lives ended so cruelly like Toby's ended that Monday afternoon. I appreciate that life is difficult where

there are split sites for lectures and where there is some great distances between those sites. Cycling makes good sense - it keeps you fit and healthy, cuts down on pollution and traffic congestion - but great care is needed. Toby would want me to say don't take any risks, particularly avoid carrying heavy loads in unusual ways. A shoulder bag properly worn or well balances pannier bags should be used. No government is likely to make funds available to face up properly to its responsibilities to vulnerable road users by providing safe cycle tracks. therefore, it must make sense to work out safe routes which so far as possible avoid sharing busy trunk routes with massive heavy goods vehicles. Perhaps when exams are over and more time is available a team of medical and dental students could spend some time plotting safe cyclist routes and compiling a series of maps with the safe routes marked - perhaps they could be called 'Toby' routes - to safeguard the lives of future medical and dental students who cycle in London.

Yours faithfully

Dudley Thomas

Uhthoff's Phenomenon

Dear Sir

I was most interested to read Dr Basil Sharrack and Dr Ken Smith's article on Uhthoffs phenomenon. This reminded me of two patients seen here at Guy's who exemplified the two main clinical points made in this paper.

The first was a girl of 19 who was admitted to Ruth Ward, which was then the female neurology ward, and is now the department of neurology on the ground floor of Hunt's House. I was the neurological house physician. She had a large number of symptoms but no neurological deficit. She had a lumbar puncture which showed normal protein and no cells. This was in the winter of 1963-64 and long before evoked responses, oligoclonal bands and magnetic resonance imaging. There was some debate on the firm as to whether there was anything the matter with her or whether these symptoms were all spurious. I had heard of Uhthoffs phenomenon and I therefore persuaded the ward sister to put her in a very hot bath. I remember this very well because the bathroom is just next to my present office. This is the only time at which I have attempted a neurological examination in the bath, but there was no doubt what-soever that she developed

florid gaze evoked horizontal nystagmus and an extensor plantar response. These signs resolved completely when she cooled down, but we were able to make a diagnosis of demyelination.

The second patient was a man in his mid 30's who was quite severely disabled with multiple sclerosis and only able to walk with the assistance of his wife and the furniture. During the hot summer of 1976 his wife put up a deck chair in the garden in the shade and helped him out of the house to sit out wearing only his shorts. She then went shopping and he went to sleep. The sun moved round so that he was lying in the sun. When he woke up he was quadriplegic and quite unable to move until his wife came back from shopping. She was aware of the effect of heat and restored him to his usual state with tepid sponging.

The first patient was the only occasion in which I have used a hot bath to make a diagnosis of multiple sclerosis and the second patient was the most florid spontaneously occurring example of this phenomenon that I have encountered.

Yours faithfully

MD O'Brien
Physician for Nervous Diseases

Where will it end?

Dear Sir

While eating in the nurses' dining room one evening I stumbled upon a blue charity bucket.

As I paid for my meal, I dropped the change I received into the bucket. Just as my grip loosened I noticed to my horror, written on the side of the bucket was 'Guy's and St Thomas' kidney Association'. After the shock had worn off I began to think more clearly about what I had just seen. The hospitals are now 'one' so all charities run by the trust must have both names written on the side of all buckets/cans/leaflets etc. Why then, has the paediatric charity at St Thomas' also known as 'The Tommies Campaign' not been changed to the 'Guy's and Tommies Campaign'. To me this seems to be a touch unfair. Either the name should be changed to bring it back into line with the other hospital charities or the Kidney Association should revert back to its former name i.e. The Guy's Kidney Association. Perhaps the trust is waiting until it is able to close Guy's Hospital so it can change the names to just St Thomas' and bury Guy's once and for all.

Yours faithfully

John Davies

Guy's and St Thomas's for history's sake

Dear Sir

I read with interest in the February/March issue of the Gazette, the report of your correspondent, Mr Ben Challacombe,of the Hospital's (sic) Cup semi-final game between Guy's and St Thomas's Hospitals RFC and the Royal London and Bart's Hospitals RFC.

The report read well except for the fact that your correspondent did not corrrectly identify the names of the teams involved. This season has been noteworthy in two respects: not only has it been the most successful season in this competition for generations for both our Hospitals, it has been the first time in the history of the UH Cup in which Guy's and St Thomas's have conjointly entered this competition. Factual accuracy is the first rule of journalism, and it is particularly important for joumals of record such as the Gazette, that simple facts such as the official name of our clubs are reported correctly. Readers of the February/March edition of the Gazette in future years will puzzle over the discrepancy in the name of our team as reported by Mr Challacombe and that recorded in Passim by the Editor. I look forward to seeing a more accurate coverage in your reports on the UH and UL finals.

Yours faithfully

Dr J H Thomas
Dean, Basic Medical Sciences

Bike Thefts

Dear sir

I am writing with regards to the theft of yet another bike from outside the medical school at Guys. Unfortunately the translation into writing the words has led to a damping down of the actual emotions I am currently going through. The bike, which incidentally cost 285. 93, was stolen not more than twenty minutes ago. I can quote the exact price, right down to the last penny, because I had just paid for it not more than two hours ago.

Like all good clinicians, I think you should hear my history. Since moving down to London (from Manchester, the so called crime capital of Europe) I have had six bicycles stolen. Three from outside the medical school and now this one making it the fourth. Whether this highlights my own stupidity for trusting the already over stretched security or whether it marks the point when it finally is time to get the security beefed up with some CCTV is for the Gods to argue over.

Although I have absolute sympathy for my fellow students who also have to suffer the indignation of second class necessities, my own concerns at the moment are purely selfish. Having one bike stolen may be considered as being unlucky, having two unfortunate, having three a tragedy and now having a fourth is just about the most gutting and soul destroying feeling. Being a proud owner for all of an hour and a half , the only consolation is that I didnt get attached to it - I didnt have time to! But theft from the same place four times, an area that is considered to be under the Medical Schools care, has led me to believe that the only blame to put is squarely on the shoulders of the establishment. Whilst I am still in spleen venting stage, I do feel that I am more than entitled to claim compensation and reimbursement. And quite frankly I think that the school is lucky not to have to pay for the 1,500 pounds that I have already had to spend on replacements, not to mention the other dozens of bikes that are stolen from other students. I feel that I am speaking on behalf of all the other victims that we should not be treated as second class citizens and that I personally should be reimbursed.

Yours faithfully,

Amit Atrey

Sign of the times

Dear Sir

I'm an advocate of free enterprise as much as the next person - however there are certain limits!

Last week I was absolutley disgusted when I was confronted by two young girls as I was crossing Great Maze Pond. "Would you like to buy this nice Magazine?" asked one of them, "it's only 40p" the other one added. Why you may ask did this infuriate me? Well - I was only being offered the "Guy's Hospital Gazette". At 40p, it was an exciting read, but I declined the offer, in order to avoid encouraging criminal activity!

This little scenario asks a very important question - where did they obtain such a large number of the Gazette - surely not the well secured Boland House?

Yours faithfully,

Rickin Trivedi
Editor of the Guy's Gazette 1995-6

Creature comforts

It has long been recognised that children are especially emotionally vulnerable when confronted with periods of admittance to hospital.

Various techniques have been tried and been found to be effective, such as books,toys, and colourful environments. However a new idea seems set to improve greatly on these well tried techniques.

Pet therapy is not a new idea, but the image of a Bengal tiger sitting calmly with it's front paws on the beds in the children's unit at Guy's Hospital would hardly have been envisaged a few years ago.

Indy the tiger is five months old, and his introduction into the unit is a major step forward in pet therapy. The tiger was on his best behaviour, as his keeper who has raised him by hand watched over him carefully.

Melinda Edwards, who is the Principal child psychologist at Guy's is a big supporter of the new therapy and is reported to have found the tiger an unexpected "exceptional treat". Patients similarly found being exposed to such an exotic animal very exciting, and the experience seems to be having a positive effect on their feelings.

Thomas Guy House opens

The completion of the final phase of Thomas Guy House has now been undertaken. Despite it's many problems with contracts and engineering difficulties, staff will soon begin moving into the new building from Hunt's House, Outpatients and Shepherds house.

These will finally be vacated by the 31 July at which time control will pass from the Trust to the medical school.

The building has been designated as a centre dedicated to planned care, and will be the first of it's kind in the UK. It will consist of outpatient clinics, inpatient wards, day surgery unit and research facilities. Work is now underway to ensure that the standards of quality expected of the Trust are maintained.

This coincides with an announcement from the new government that a freeze has been placed on plans to close Guy's Hospital until a full review of London's health needs is complete. Frank Dobson, the new health secretary has pledged to re-evaluate decisions on closures in light of any new information thrown up in the review, that must be completed by the end of the year. Recent surveys show that the number of beds available to Londoners has been steadily declining as more people are attracted and referred from

further afield to the large, reputable, London teaching hospitals.

Deep reaching cuts and increased hostel costs on the horizon

Professor Sir Cyril Chantler led a recent meeting which outlined the necessity for deep cuts following primarily, results arising from a recent Research Assessment Exercise.

Following the results, the Higher Education Funding Council for England (HEFCE) has drastically reduced it's contribution to the Medical School. This move was compounded by changes in the method of HEFCE funding which means that many institutions now share the same amount of available funds.

The results of the Research Assessment Exercise were in fact quite good. We managed a 5* rating, the highest in the country, for Clinical Dentistry and an improvement from grade 3 to 4 in Pre-Clinical Medicine. Despite these improvements, due to the funding changes introduced by the HEFCE, the School will still lose money. Although the rating was maintained for both Community Based and Hospital Based Clinical Subjects at grade 4, we did drop from grade 4 to 3b in the Clinical Laboratory Sciences. The end result is a total loss of 2.6m pa, representing 6% of the total income of the school. Hence early estimates predict a loss of approximately 75 posts. The School is hoping to achieve this through voluntary severance. The Chairmen of the various divisions involved will have to rapidly reorganise structure, in collaboration with the Deans for the new academic term, while making sure that the teaching commitments can still be met.

However the ramifications are even more far reaching than the Medical School Staff. It is rumoured that the need for funds is partly responsible for large price hikes to be implemented to the cost of places in Halls of Residence over the next few years., and this is already apparent with a cost of 68 pw for a place in the new Great Dover Street halls shared with Kings College.

UMDS has normally had marginally lower accommodation costs compared to other London Universities, but this trend seems set to change. Over the last few years the cost of hostel accomadation has been creeping up. This trend will continue, bringing our fees in line with the rest of London. However, how do other halls compare? UMDS halls are convenient and with the exception of Ferndale Road, public transport to either campus is not essential. The same cannot be said for example, of most King's College halls, although many have both meals and extra facilities that perhaps compensate for this. As for the new halls in Great Dover

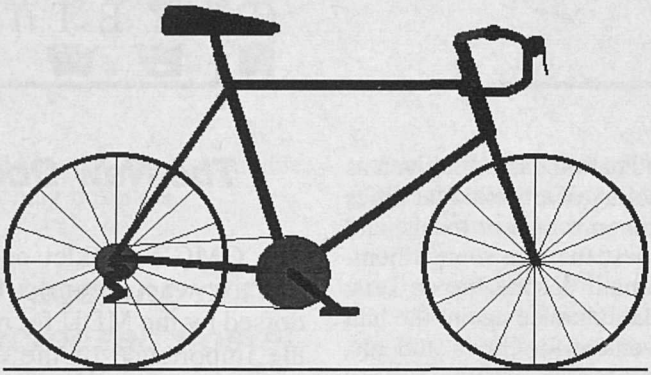
Street, no indication has been given as to the availability of any extra facilities such as common rooms or meals, and visitors suggest that the rooms themselves are small, despite the en suite facility. Although once again, the hall is very convenient for Guy's students, it's price still comes a shock to many older students who remember paying around 38pw to live in Wolfson House. What also remains to be seen is what the 3 year harmonisation policy is and how the current figure of 68pw will thence be affected. . .

The New Doctor

The GMC's booklet on The New Doctor was recently firmly endorsed by the MDU for recognising the importance of the ethical and legal side of medicine.

Dr Peter Schutte, who is the deputy head of the MDU, feels that in a working environment that is increasingly likely to put doctors under stress, a proper understanding of these matters will be very beneficial.

This coincides with the current development of the ethics part of the medical curriculum at UMDS, which is being spearheaded at Guy's by Dr Peter Haughton. Although plans are still only in development stages, the importance of ethics is being recognised. An integrated course, extending over the whole five years is likely, with an introductory unit at the end of the second year. The core material for ethics has been agreed by all the London Medical Schools, and is currently submitted to the other schools all over the country for approval and comment. What remains to be decided is the implementation of teaching of this material.



Do You Cycle to Work at Guy's / STH? Have You Considered Cycling to Work?

Following an initiative by the London Cycling Campaign Health Professionals Group, and some of my own experiences cycling to STH over the past year, I am interested in starting a Bicycle User Group (BUG) within the Trust / UMDS.

The aims of the BUG would be to encourage and support those who commute by bike, to provide advice and information about cycling related issues, and to encourage a positive attitude to cycling from Trust / UMDS management.

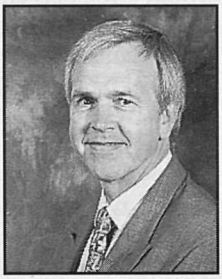
If you would like to become involved in a BUG - (it is not necessary to be a member of LCC) - please contact Jim Thurston on STH ext. 3510, or write to the address below. I would be particularly interested in hearing from anyone who has previous experience of organising / supporting Bicycle User Groups.

Mr Jim Thurston
Medical Physics,
Lower Ground Floor,
Lambeth Wing,
St. Thomas' Hospital

Tel: STH ext. 3510

P.S. It is hoped to hold a first meeting of the BUG towards the end of June.

Interview with Professor Stephen Challacombe



We finally catch up with Professor Challacombe and talk about Guy's, mucosal immunology and the Rugby Club!

Can you tell us what your exact role within the medical and dental school is?

One collects some various posts if you get involved, but technically I'm Professor of Oral Medicine at UMDS Guy's and St Thomas's. I'm also a Consultant Microbiologist which some people don't know, as I did microbiology after I did dentistry. I'm also the Postgraduate sub Dean for the dental school. I have one or two other post's - I'm chairman of the UMDS Higher Degrees committee and I sit on about 20 - 30 UMDS, Hospital, Dental school and national committees.

Where did you study?

Well I was an undergraduate here at Guy's. I got involved with research at a very early stage and managed to find half a day a week throughout my student career to do research. At the stage I started off with Professor Declan Anderson and when he moved to Bristol, I then worked in the department of Dental Anatomy with Professor Richard Ten Cate. When I qualified, I was going to go and work at Bristol, but I got bitten by the immunology bug and went to work with Professor Tom Lehner.

Can you tell us about your sporting achievements as an undergraduate?

As an undergraduate, as people know, I was heavily involved with sport which I always thought was a nice complement to academic work. So I was very much involved with the Guy's Rugby club, for whom I for played for 18 seasons. I've been in a loosing hospital cup final on three occasions, very sadly. However, I have been on the winning side for Guy's against Gloucester, Wasps, Cambridge University and Bedford. So we had some very good wins at that time. I also played water polo for Guy's, London University and United Hospitals. I remember that when I was taking my finals I was playing water polo twice a week and rugby three times a week. It was a nice time!.

'...our most famous one was getting an old car and painting it in the Guy's colours...taking the wheels off and cementing it down in the consultants car park.'

Can you remember any of the stunts you were party to as an undergraduate?

Well, I think it is traditional for all students to get involved with various stunts that they will not want to publicise. Certainly our group got involved with a lot of stunts about the Hospitals Cup time. I suppose our most famous one was getting an old car and painting it in the Guy's colours, taking it over to St Thomas's, taking the wheels off and cementing it down in the consultants car park. It was painted in the Guy's colours with 'Guy's for the Cup' stickers all over it. At the time, unlike now, they were our great rivals. So we got a couple of escapade's on them.

What did you do after you qualified?

After I qualified in dentistry I worked in the department of microbiology in the medical school for three years and when the new department of Oral Immunology was created with Prof. Lehner, which was the first in the world, I moved over to join him and soon afterwards became a lecturer in his department.

I then spent some time in the Mayo Clinic in America in 1978-79 and came back to a permanent job in that department of Oral Immunology in 1980. I became Sub Dean to Professor Jack Tulley, and then to Professor Rowe. When the

opportunity came up in 1986 I became the head of the dept. of Oral Medicine and Pathology.

Can you tell us about people that have influenced you, in terms of helping you get to where you are today?

Well that's a very interesting question. When you are a clinical academic in a chair at somewhere like Guy's/UMDS you are bound to have been influenced by a number of people in different ways. My major influence was Professor Declan Anderson.

Have you always wanted to do dentistry?

I've been very fortunate to find myself in the job that I'm in - I suppose if I had sat back a few years ago and said what is the best job in the world in British Dentistry I would have said the Chair of Oral Medicine at Guy's Hospital. I'm extremely fortunate to find myself in that position with a large department of over 40 people. It's something I never really tilted my hat at, but it sort of come out that way.

'...I can happily say I do not regret any of the decisions I have made. I'm very fortunate to find myself in the environment I'm in now.'

Before that I was undecided as to whether to do medicine or dentistry and I did have both medical and dental places after my UCCA. I decided to do dentistry of course and found myself in an area of expertise which is perhaps, if you like, being a larger fish in a smaller pond. But Oral Medicine sits very nicely between medicine and dentistry, and immunology, particularly mucosal immunology, is a wonderful academic subject that one can hopefully make a contribution in. It has widespread application in both medicine and dentistry, so I can happily say I do not regret any of the decisions I have made. I'm very fortunate to find myself in the environment that I'm in now.

How much clinical work do you do?

Having just met me from a clinic! Clinical work comes in two aspects. One is the actual chairside commitment. This department runs ten clinical sessions, including investigations and biopsies, and of those I will do two or three specific

clinics a week. Away from the chairside my clinical work involves acting as the Consultant Microbiologist for the dental school so I spend part of my week signing out the reports for the microbiology service. Of course investigations for the patients takes up another session. So in the end I'm probably doing at least four clinical sessions a week.

How much time do you spend teaching undergraduates?

I enjoy teaching, I think at the moment I'm doing less undergraduate teaching than I used to. That partly reflects the changes in my area of commitment and also reflects the fact that there are more personnel to share in the teaching.

In terms of what I actually do as well as teaching on my clinics, I teach on the BDS 2C course and I teach year four dental students for the 4 O's course, that Oral Medicine, Pathology. Surgery and Radiology, which is an integrated course. Teaching is not a burden for me, it's an appropriate load which I enjoy!

You trained at Guy's and have spent much of your working life at Guy's. What do you think of the proposed mergers?

Well we are embroiled in two quite separate mergers. One should first of all point out that we have had very successful mergers both of the dental school with the Royal Dental School and with St Thomas's Hospital Medical School to form UMDS. That's actually been a great success, and it's now run as a success for well over ten years.

'On the school side we have the situation of the potential joining of UMDS and King's. That's quite a different kettle of fish.'

We now have two separate mergers one of which is with Guy's Hospital and St Thomas's Hospital and it's difficult to be quite so enthusiastic about that in that the Guy's Lewisham axis was a very successful and clinically very useful partnership. We've been forced to change that and join with St Thomas's. We're in the position where we just have to make it work but it would be nice really to have ultimately been convinced that the merger was in the best interests of patients rather than finance. However there should be benefits in the combining of major units ultimately. I suspect that had Guy's and St Thomas's been left to get on with the merger themselves without political interference they could actually have come up with a much better plan,

which would have satisfied both those hospitals and medicine in the south east of London.

On the school side we have the situation of the potential joining of UMDS and King's. That's quite a different kettle of fish. As far as the school/university is concerned, there has been a long term plan within the London University, the so called *'Quadrilateral Solution'* to divide London University into four quadrants, so that all the medical schools join with the basic sciences. I think to be enthusiastic about that joining one needs to be sure that it is in the best interests of education and that what we would gain would be better that what we've got at the moment, rather than just being drawn into it on the grounds of inevitability. I think as far as the dental school specifically is concerned the merger is not being done for the individual benefit of the dental schools, but we're part of a much larger institution and there's no doubt that the larger institution of UMDS/Kings will be a major international institution. So looking at things at that level which may be a bit ethereal to students, we actually will be a very powerful institution and that will perhaps enable us to do things that we can't do at present. And I think we must look at the alternative, what would happen if we did not do that merger. I think perhaps we would see that we wouldn't be able to rebuild Hunt's House and perhaps this whole site would be vulnerable. So on balance,, I think one is convinced that it will be in the best long term interests of this campus and that there is a lot of potential in that, and also lot of problems to face.

'...the name of Guy's Hospital Rugby Football Club wasn't just a name, but rather a mark, rather like Rolls Royce.'

On a more light hearted note, you are currently President of the Guy's Hospital Rugby Football Club (probably the best Hospital Rugby Football Club in the World!). Can you comment on the more recent events and happenings surrounding the club?

There are two things there. One is about the name. I have been sorry that we were unable to persuade the School that the name of Guy's Hospital Rugby Football Club wasn't just a name, but rather a mark, rather like Rolls Royce. As the School will acknowledge, I fought very hard for that, but one must go with the decision of the Governors that the change of name better reflects the whole of UMDS, which was their wish.

Rugby club students always make their mark on the social life of the school, they always have done and I suppose they always will. I think you balance the wonderful commitment of students to student life with overstepping the mark on occasions.

I think all of us who have changed to being in positions of authority have got to recognise that you don't actually want a group of students who don't do anything for the place and don't get involved. You want students who are lively and have opinions. And of course they are going to step out of line, I think we must take that and when it occurs I hope that the school will act fairly to those students. I think the school has a difficult line to tread between not crushing students and yet encouraging them to follow a reasonable line. Students are fun, I think rugby club students are particular fun in that they make their own contribution; I notice the bar profits in Guy's in recent months have plummeted - no doubt those will soon be resolved!

'As many will know, I have some sense of duty and loyalty to this institution and my colleagues...'

There are some who are of the opinion that you are well suited to being the next Dean here at Guy's. What do you think?

Rather like falling happily into the job of head of department and then Professor of Oral Medicine, I've not actually sought to become Dean of the school. As many will, I hope, know, I have some sense of duty and loyalty to this institution and my colleagues and if they felt that was an appropriate thing then I would be honoured to serve in that capacity. Conversely I would not be devastated if that decision did not come about and with the joining with King's, the whole question of succession of deans will need to be looked into.

Nabeela Ahmed

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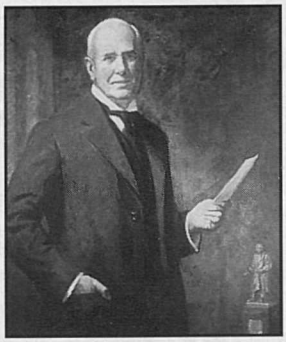
A great Guy's character...



If there were to be a competition to nominate the most interesting character produced by Guy's during its long history, Sir William Arbuthnot Lane C.B. would undoubtedly be on the short list. His achievements were many. He was a pioneer in this country of open reduction and fixation of fractures and introduced a meticulous (no-touch) aseptic technique in orthopaedic surgery. A brilliant innovator in the surgery of cleft palate, mastoid disease and empyema (for which he advocated resection of a rib), he was the first to perform transabdominal cardiac massage. He was a master abdominal surgeon and carried out the first two, although unsuccessful, splenectomies for rupture of the spleen.

'He loved dissecting...The students soon told each other 'don't let Lane touch your part or you will have nothing left'!'

Then at the height of his career he decided that most of man's ills were due to septic absorption from the large intestine. He dealt with this problem first by performing a short circuit of the large bowel, then total colectomy but finally decided that keeping the colon empty by means of copious doses of liquid paraffin would suffice in most cases. He gave up his surgical practice to preach Positive Health decades before such a concept became accepted by the medical profession. Lane was born in 1856, the son of an army surgeon. He entered Guy's in 1973, qualified MRCS in 1877 at the age of 21 and gained the gold medals in anatomy and medicine at the London MB in 1881. The following year he took his FRCS and a year later his MS. From 1882 -1887 he was Demonstrator of Anatomy at a salary £200 a year. He loved dissecting and if allowed, would dissect from skin to bone. The students soon told each other 'don't let Lane touch your part or you will have nothing left'! Lane was elected Assistant Surgeon at Guy's in 1888 and lived in St Thomas's Street to be near his work. He became full surgeon in 1903.

He joined the Territorial Army on its formation, being commissioned Captain in the RAMC in 1908. During the first world war he served in Aldershot reaching the rank of Colonel. Perhaps his most important contribution during the war was to organised a special hospital at Sidcup, for the treatment of the terrible facial injuries of modern warfare. Here he recruited a young New Zealand surgeon, Harold Gillies, (later Sir Harold) one of the founders of plastic surgery in this country.

Lane, was a brilliant technician and innovator. In the 1890's he commenced routine open reduction and fixation of all fractures and introduced the metal plate, still known as Lane's plate for this purpose. His good results were undoubtedly due to his superb operative skill. As long ago as 1890 he suggested that it would be possible to enlarge a stenosed mitral valve by surgical means, which might be by cutting the valve with a long knife passed down the jugular vein. He could never persuade a physician to refer a suitable case to him.

'His good results were undoubtedly due to his superb operative skill.'

Dealing with the operative surgery of the heart brings me to note that Lane was the first to massage the human heart through an abdominal incision. This was reported in 1902; the patient was a man aged 65 who arrested while having his appendix removed. Artificial respiration was performed without result. Lane introduced his hand through the abdominal incision, felt the motionless heart through the diaphragm, squeezed the heart and felt it to restart. The operation was completed and when the patient was put back to bed it seemed as if nothing had happened. Lane also impressed on his residents a simple method of resuscitation in small infants. In these the chest wall is so elastic that the fingers can be passed around the left costal margin and with the palm flat on the outside of the chest the apex of the heart can be squeezed between the tips of the fingers and the inner side of the chest wall.

'Lane was the first to massage the human heart through an abdominal incision.'

At the beginning of the 20th Century, Lane developed the concept that many of the chronic illnesses that plague mankind were due to toxic absorption from the colon, which he described as a 'cesspit'. Of course, we know in fact that the healthy colon is entirely impermeable to bacterial toxins. According to Lane rheumatism, neuralgia, headaches, high blood pressure, chronic heart and renal diseases, gall stones, thyroid disease and many other conditions were due to chronic intestinal stastis. It should be noted, in passing, that other surgeons during

this time considered chronic infection of the tonsils, teeth or appendix could also produce a wide range of chronic conditions. It may be hard to believe that Lane set out to deal with this problem by first performing a short circuit of the large bowel and then went further still and performed colectomy with ileo rectal anastomosis for his patients suffering from these chronic conditions. It must have been Lane's personality rather than his operation that persuaded his patients that they were actually better!

As an alternative to radical surgery, Lane introduced liquid paraffin into the treatment of constipation. He tried it first on himself , taking a sufficient quantity before each meal to produce an action of the bowel afterwards. He wrote 'I immediately improved in health comfort and happiness. I then proceeded to administer paraffin to the various members of my family and then to my patients and I was amazed at their immediate improvement in health'. However, at least one member of his family took the view that Lane ruined his family's bowels for they all had trouble ever after!

'Lane introduced liquid paraffin into the treatment of constipation. He tried it first on himself...'

At the age of 70, although still busy in his surgical practice, he decided to give up surgery and begin the 'New Health Society', the first organised attempt at what we now call social medicine. In Lane's own mind, the bowels were of primary importance. The aims of his society were first, to teach the people the simple laws of health, second to render fruits and vegetables as abundant as possible and readily available to the general public at reasonable cost and third, to encourage people back into the land. He travelled widely lecturing to large audiences and because, at that time, any attempt to address the public or to write in the popular press might lead to clashes with the GMC, Lane took the step of having his name taken off the Medical Register and ceased to be a member of the organised profession of Medicine.

With the outbreak of the second World War, Lane's public activities ceased. He would insist upon going out in the black out of London by himself and went daily to the Athenaeum to read the papers. He died in 1943 at the great age of 86.

I think you will agree with me that William Arbuthnot Lane was a remarkable man. Do please walk along the medical school corridors until you come across a very fine portrait of Lane. Also go into the chapel, climb up the balcony and read the plaque placed there in his memory. That surely is the least you can do as a Guy's man or woman in homage to one of your most interesting predecessors.

Harold Ellis

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Romantic Weather:

Keats and the Quality of the Air, Part I

The following transcipt was presented at the recent John Keats Memorial Lecture by Professor Jonathon Bates, King Alfred Professor of English Literature at the University of Liverpool (The concluding part will be published in the next edition of the Gazette).

I had a dream, which was not all a dream.
The bright sun was extinguished, and the stars
Did wander darkling in the eternal space,
Rayless, and pathless, and the icy earth-
Swung blind and blackening in the moonless air;
Morn came, and went -- and came, and brought no day,
And men forgot their passions in the dread
Of this their desolation; and all hearts
Were chill'd into a selfish prayer for light:
And they did live by watchfires -- and the thrones,
The palaces of crowned kings -- the huts,
The habitations of all things which dwell,
Were burnt for beacons; cities were consumed,
And men were gathered round their blazing homes
To look once more into each other's face;
Happy were those who dwelt within the eye
Of the volcanos, and their mountain-torch:
A fearful hope was all the world contain'd;
Forests were set on, fire -- but hour by hour
They fell and faded -- and the crackling trunks
Extinguish'd with a crash -- and all was black.[1]

I first encountered Byron's poem "Darkness", of which these are the opening lines, in the early 1980s, when I heard it quoted by the then leader of the Labour Party, Michael Foot. The party was avowedly in favour of unilateral nuclear disarmament; membership of the Campaign for Nuclear Disarmament was at its highest ever; the women's peace camp at Greenham Common, Fortress UK's principal base for American Cruise missiles, was yoking gender politics and defence policy as never before; E P Thompson had just written *Protest and Survive;* and scientists were telling us about something called "nuclear winter" -- the dust blasted into the stratosphere by the explosion of the ICBMs would blot out the sun for three years, destroying all but the most resilient forms of organic

life upon the planet. Michael Foot quoted from the close of the poem, hailing Byron as a prophet who foreknew that war would ultimately lead to global winter:

The world was void,
The populous and the powerful -- was a lump,
Seasonless, herbless, treeless, manless, lifeless --
A lump of death -- a chaos of hard clay.
The rivers, lakes, and ocean all stood still,
And nothing stirred within their silent depths.

The Romantic in me was uplifted by Foot's futuristic reading. The critic in me was more sceptical: the poem could not *really* be about nuclear winter, so what *was it* about?

In 1986, there arose with the publication of volume four of the Oxford edition of Byron's *Complete Poetical Works* the possibility of "Darkness" being elucidated. That edition's headnote to the poem consists principally of a catalogue of possible literary sources: *The Last Man,* which was an anonymous translation (published in 1806) of a French novel by Cousin de Grainville; "various apocalyptic passages in the bible"; Burnet's *Sacred Theory of the Earth;* "various commonplaces of Enlightenment science", to be found in Buffon and Fontenelle; the conclusion to the *De rerum natura* of Lucretius; and "M G (Monk) Lewis, who came to Diodati on 14 August 1816 and who helped to shift the conversations with the Shelleys, Polidoti, and B[yron] on to grim subjects".[2] This is a rich list, but does it not evade the poem every bit as much as Foot did? The politician's rhetorical appropriation propels the poem into its future; the scholar's elucidation of sources fossilises it in its past, Its present, its significance in 1816, is in neither case addressed. Neither the politician nor the scholar has an answer to the obvious questions: what led Byron to write a poem about the extinction of sunlight in the summer of 1816 and what would have come to the minds of his readers when the poem was published with *The Pilsoner of Chillon* later that year?

The Oxford edition pins the poem's date of composition down to the five weeks between 21 July and 25 August 1816. I propose that the key which unlocks it is an apparently flippant remark in a letter of Byron to Samuel Rogers, dated 29 July 1816: " we have had lately such stupid mists -- fogs -- rains -- and perpetual density -- that one would think Castereagh had the foreign affairs of the kingdom of Heaven also -upon his hands."[3] The summer weather around Lake Geneva is always variable, but in 1816 Byron found it particularly irksome. A month earlier, he had complained in a letter to John Murray of the "stress of weather".[4]

This, it seems to me, is what "Darkness" is about: the stress of weather. The poem begins, "I had a dream, which was not all a dream. / The bright sun was

extinguish'd". Does it stretch credulity too far to suppose that the first clause of the second sentence follows from the second clause of the first sentence? That the extinguished sun was not all a dream? Might the origin of the poem not be the absence of sunshine in June, July and August 1816?

It rained in Switzerland on 130 out of the 183 days from April to September 1816. The average temperature that July was an astonishing 4.9 degrees Fahrenheit below the mean for that month in the years 1807-24.[5] As Byron shivered in Geneva, so did his readers back home. In London it rained on eighteen days in July 1816 and on only one day did the temperature reach 70 degrees; during the same month the previous year, the temperature was over 70 degrees on nineteen days and it only rained three times. 70 degrees was recorded on only two days in August, whereas the figure for the previous year was thirteen. At noon on 1 September 1816, the temperature in London was 47 degrees; the average noon temperature in the first half of the previous September had been 63 degrees.[6]

The pattern was the same across Europe and the United States. Consult the meteorological reports and you will find that 1816 was the worst summer ever recorded; indeed, it became popularly known as "the year without a summer." The bad weather led to failed harvests. To continue with the example of Switzerland: annual harvests for that country have been graded by economic historians on a scale of one to six, according to yield. 1816 achieved a minimal one. As a result of the poor harvests, there was a hemispheric subsistence crisis, marked by violent price fluctuation, basic food shortage and concordant public disorder.

What caused the bad weather? In the popular imagination it was frequently associated with the unusual visibility of sun spots. The darkening of the sun led to fears of apocalypse -- the exact situation of Byron's poem. More precise observers noted a consistently dense haze permanently on the horizon -- "It had nothing of the nature of a humid fog. It was like that smoking vapour which overspread Europe about thirty years ago, " wrote Dr Thomas D Mitchell in the *New York Medical Repository.*[7]

"Smoldng vapour" is a good intuition. Benjamin Franklin had observed similar atmospheric conditions back in 1784 and suggested that the cause might have been volcanic vapour.[8] There is an unintentional irony in the lines in which Byron says that those who live close to volcanoes are lucky because they are accorded at least some light and warmth in the darkened world, for as it happens the eruption of Tambora volcano in Indonesia in 1815 killed some 80,000 people on the islands of Sumbawa and Lombok. It was the greatest eruption since 1500. The dust blasted into the stratosphere reduced the transparency of the atmosphere, filtered out the sun and consequently lowered surface temperatures. The effect lasted for three years, straining the growth-capacity of organic life across the planet.

Beginning in 1816, crop failure led to food riots in nearly every country in Europe. Only in 1819 were there good harvests again. The index for the Swiss harvest that year shot up to a maximal six.

Editors have a tendency to explain literary works with reference to other literary works. The Oxford headnote to "Darkness", with its network of sources, treats the poem as a purely textual weave. Because a poetic composition is a cultural phenomenon, it is related to other phenomena in the culture. It is not explained in terms of nature.

But Byron does not set culture apart from nature. What is strikng about both the remark in the letter to Rogers and the poem itself is Byron's easy yoking of politics and nature. The letter jokingly blames the ministry of Castlereagh for the bad weather; "perpetual density" is taken to be simultaneously a meteorological and a sociopolitical condition. The poem darkly narrates a history in which war temporarily ceases as humankind pulls together in the face of inclement weather but is then renewed on a global scale as a result of the famine consequent upon the absence of sunlight. The global struggle for subsistence leads ultimately to the extinction of mankind. In 1815, Byron and his public witnessed the cessation of a European war which had lasted for more than twenty years; in 1816, they endured the year without a summer. The poem is as contemporary as it is apocalyptic. It seems to me that the first referent for any reader of the poem in 1816 would be not Lucretius or de Grainville's novel *The Last Man,* but the sunless summer they had just undergone and the fear of famine brought with it.

But contemporary as it was, the poem remains powerfully prophetic: how far away the nuclear forebodings of the Cold War seem now, how near the vision of a world seasonless, herbless, treeless, the rivers, lakes and oceans silent. When Michael Foot read "Darkness" we had in our minds the Mutually Assured Destruction of the Cold War. When we read "Darkness" now, Byron may be re-claimed as a prophet of ecocide.

With this in mind, I want to reflect today upon some of the things the Romantic poets can say to us in an age of global climatic change. I have begun with Byron's "Darkness" because of all Romantic poems it is the one that seems to me most directly responsive to the global climatic change of the Romantics' own time. I now want to turn to Keats's "To Autumn." I propose that to read it livingly in the age of global warming we must begin with the knowledge that we have no choice but to live with the weather. As the meteorological reports for July 1816 are the key context for Byron's "Darkness", so our understanding of "To Autumn" should begin with the knowledge that the weather was clear and sunny on 38 out of the 47 days from 7 August to 22 September 1819, and that in the week of 15-22 September temperatures were in the mid-sixties, whereas in the corresponding

week in each of the three previous years they had been in the mid-fifties. Remember the meteorological and consequent agricultural pattern: the terrible summer and failed harvest of 1816, bad weather and poor harvests continuing in 1817 and 1818, then at last in 1819 a good summer, a full harvest, a beautiful autumn.

Let me read the poem.

To Autumn

Season of mists and mellow fruitfulness,
Close bosom-friend of the maturing sun:
Conspiring with him how to load and bless
With fruit the vines that round the thatch-eves run;
To bend with apples the moss'd cottage-trees,
And fill all fruit with ripeness to the core;
To swell the gourd, and plump the hazel shells
With a sweet kernel; to set budding more,
And still more, later flowers for the bees,
Until they think warm days will never cease,
For summer has o'er-brimm'd their clammy cells.
Who hath not seen thee oft amid thy store?
Sometimes whoever seeks abroad may find
Thee sitting careless on a granary floor,
Thy hair soft-lifted by the winnowing wind;
Or on a half-reap'd furrow sound asleep,
Drows'd with the fume of poppies, while thy hook
Spares the next swath and all its twined flowers:
And sometimes like a gleaner thou dost keep
Steady thy laden head across a brook:
Or by a cyder-press, with patient look,
Thou watchest the last oozings hours by hours.
Where are the songs of spring? Ay, where are they?
Think not of them, thou hast thy music too,--
While barred clouds bloom the soft-dying day,
And touch the stubble-plains with rosy hue;
Then in a wailful choir the small gnats mourn
Among the river sallows, borne aloft
Or sinking as the light wind lives or dies;
And full-grown lambs loud bleat from hilly boum;
Hedge-crickets sing; and now with treble soft
The red-breast whistles from a garden-croft;
And gathering swallows twitter in the skies.

To be continued...

Two Short Sketches

Confrontation Between a Lymphocyte and a Retrovirus

B Lymphocyte-'Ello,'ello,'ello. Wot 'ave we got 'ere then. Wot do you think you are doing?

RV-Oh, just mosying around, checkng the scene. I'm not doing anything really, It is all a bit boring.

BL-Boring eh. Well, move on. On your way then, shake a leg.

RV-Why? You don't have a right to push me. Where's your warrant?

BL-I don't need one for the likes of you. I'm in charge here.

RV-You may think you are in charge, but you don't have any power.

BL-Who says? The statutes, I mean the scientists, have invested me -that's power. So push off.

RV-What rules are you operating under? The scientists don't know them, so why should you?

BL-The scientists are having another summit to redraft the rules. Until the rules are changed I AM IN CHARGE.

RV-Well, I don't feel like moving yet. I am only watching and biding my time.

BL-If you don't move off I'll call in the support troops.

RV-No need. I am just hungry. You wouldn't shoot down a starving RV, or would you?

BL-STARVING! You must be kiddding, there's plenty to eat in this system.

RV-I did try a bit of myelin but it made me puke. I had to spit it out.

BL-Myelin! Why did you pick that stuff.

RV-It was the only thing I thought I could handle. At least it was inert and couldn'tfight back. Then that tasty-looking axon caught my fancy.

BL-'Ere,'aven't we met somewhere before?

RV-Yeah, in the spleen. I was involved with a gang of macrophages when you broke usup.

BL-That's right. Trying to start a hairy leukaemia weren't you. You're a nasty piece of work. It took a whole force of MHCs, ICAMs and activated T cells to fight you off. I thought we had got rid of you.

RV-You had a good try. Most of us croaked. I was lucky though. I found some RNA justin time.

BL-RNA? Isn't that on our side?

RV-I knew he didn't know much. Stupid galah, hasn't heard of transcriptase. All I need is a bit of RNA. I've been waiting for ages to come back out of my cell. And now I am just plain starving.Oops, that was close, that activated macrophage just tried to take a nip. Why don't those buggers mind their own business? Why don't you arrest THEM? They are just pests. At least I am not being a pest. They're worse than cytokines.

BL-Look, can't you see that you are beginning to agitate the whole community?

Why don't you just surrender quietly, or I'll have to call in the CAMs.

RV-Call out the whole force then why don't you? But what would you achieve? I am only minding my own business.

BL-This stalemate has to cease. I'm going back to my scientific committee for a ruling on stalemate.

RV-Good-oh. See you around then. A stalemate is quite safe. He just THINKS he is important. He's a bit slow. I'll let him find out at his, own pace. He hasn't even noticed I've punched some holes in the BBB already. The attack is already under way. Nero fiddles while Rome bums. And look what HE achieved! I'll just wander around some, push up a few lymph glands, like I WAS doing until that jumped-up little bureaucrat interrupted.

Meeting Between CAM and the CNS Privilege Committee

PCMember-Look, we are having this meeting because we have received a complaint from our grass roots worker, the B lymphocyte.

CAM [cellular adhesion molecule] -What is the complaint? I want it in writing to present it to myworkers. That is union rules.

PCM-The B lymphocyte had a confrontation with an RV[retrovirus] and you came into it. The BL has complained about your attitude. He feels he lost a lot of face.

CAM-Of course he did. His confusion completely muddled up my co-workers. The VCAM and the ICAM, my friends, went on strike.

PCM-Well, that is what you are here for. The system is paralysed, there is no action, so we have had to shut down. We want normal interaction to be restored as soon as possible. You cannot hold the whole CNS to ransom.

CAM-Why not? It is our only power. We are stuck around all over the place waiting forresolution of his ridiculous allegations.

PCM-He said that you were butting into his territory and were very persistent stickngyour nose in inappropriately.

CAM-Like where for instance?

PCM-Across the BBB[blood brain barrier] for a start.

CAM- Is that all? That is only one place that we hang around in. The BBB only encloses a minute area the size of a pea -that is why we all use the term pea-brained.

PCM-That sort of language is probably why the BL is so cross. You have no manners. He is normally very gentle and gets easily hurt. That is why he has lodged a complaint. You are too rough.

CAM-Look, we mill around everywhere. Why do you buggers think the CNS is so important? You act as though you run the place.

PCM-We do. We are the power house of the system. We run a team of millions. And itrequires carefull coordination at all times to retain order.

CAM-Have you explained the rules to him?

PCM-We are still working them out. The rules keep changing, and we have to alter them all the time. The issue is not as straight forward as you seem to think.

CAM-I don't think. I just DO things. It is up to you to present us workers with proper guidelines. That is not to say we will alter our activity OF COURSE. It depends on whether the conditions suit us workers.

PCM-The only resolution of this, we have decided, is to cancel your separation package and leave on full pay. We are planning to privatise the

CNS and will call for tenders in due course when we have worked out our guidelines. The next group involved will be the MBP-sensitised T cells, followed by the a-4integrins and their ligands. Your job of maintaining the intergrty of the BBB at all times is vital we have decided.

CAM-You mean we CAMs have to remain on permanent duty? That's not fair. I'll haveto go back to my workers with this.

PCM-So do just that. Gawd, this is a difficult job. We need more rules. By the way, what is RV up to these days? We haven't heard about him for ages, which is ominous. He is being too quiet for my peace of niind.

CAM-That CNS Privilege Committee is a worrying bunch. They are always agitating
about the rules. That is what creates the disorder. They need a stronger chairperson!

Jane Hallpike

Chest X-Ray Made Easy

J. Corne, M. Carrol, I. Brown, D. Delany
Published by Churchill Livingstone 1997. ISBN 0 443 05194 1

This little book, on a similar tack to the hugely popular "ECG made easy", provides a huge range of information about the range of cardio-pulmonary disease that is diagnosable from this simple investigation. The comprehensive understanding of the chest X-ray is a vital skill for medical students, junior doctors, and radiographers and therefore this pocket-book is invaluable for furthering their radiographical knowledge.

The book is laid out in a series of chapters starting with the basic interpretation and description of the chest X-ray in general. This a simple but fundamental skill but one easily overlooked by many students of radiology. Further chapters outline more specific areas: localising lesions, the white and black lung fields, the abnormal hilum and heart shadow, and many others. The chapters contain reproduced X-ray films along with a useful drawing of what one is actually meant to see on the radiograph. There then follows a description of the visible lesion and a table of the likely causes.

In summary this an extremely useful, reasonably priced, and handily sized book that enables the reader to gain a good grasp of this cheap and enormously powerful investigation: The Chest X-Ray.

BJC

Correction

A slight error was made in the review of the book '**Art, Surgery and Transplantation**' by Sir Roy Calne (Gazette Feb-March 1997). He has wished it to be made clear that money raised from the selling of his personal paintings are to be benefit the Childrens Liver Transplant Fund, not from the sale of the book. We appologise for this error.

Has the Sleaze got to you yet?

At the time of writing there's a lot in the news about sleaze. There's no such word in my dictionary - which is admittedly rather old. But on onomatopoeic grounds alone it sounds like something messy or nasty.

Other sl- words spring to mind - slobby, slovenly. And indeed we know that is just what it is; though the exact definition still eludes me.

In our hospitals we have our forms of unpleasantness. While they may not fit precisely what is meant by sleaze, they are nevertheless to be avoided. I write of the problems associated with E.Coli 0157 species. This, after the last scare from BSE has caused several deaths in meat which gets contaminated with what should be labelled shit, if one were going to call a spade a shovel !

The proper preparation of food for invalids was part of the curriculum we needed to pass satisfactorily in the days when I trained as a nurse. Now, such housekeeping duties are relegated to those with less knowledge about simple hygiene measures and the consequence has been improper storage and cooking of meat which has led to the deaths of those unable to resist the strength of this organism.

This leads me to advocate two simple maxims: make sure staff are adequately trained to store and cook - let nurses either in on the job, or at least supervise, and maybe a vegetarian diet, which I practise and hve recommended in this column before, would be a good response. Unfortunately instances have been discovered of contamination of vegetable with the aforemention, though in colloquial terminology: faecal material.

It does come as a surprise that with all the food safety and health measures in operation in 1997 that this outbreak should occur. But I believe it is not more regulation we require, but, as in so many other areas, the enforcement of laws that already are on the statute book.

Which brings me to been the subject for discussion in the recent General Election. At the time of writing I do another area: sleaze has not know the outcome. But I was intrigued, and rather inclined to agree with the nurse who wrote to a radio programme about a specific MP who seemed to be hanging on to his candidacy regardless of all the clamour about his candidness.

The nurse who questioned his position compared his role with that of other professionals in a similar position. If, as a nurse, this correspondent suggested, there was an accusation of some form of illegality, impropriety or negligence hanging above your head, then until the matter had been resolved, suspension from duty would be de-

manded by those in charge. In fact, I have known nurses to be suspended from duty - on pay of course - for matters of a minor or trivial nature compared with the gross charges made in form of accusation against this MP.

Once again, as in other situations, MPs seem to be above certain general principle of good behaviour, even though they may be within the law. Maybe MPs should not be considered as professional in their own right. But in pay awards, and in judgements about ethical considerations they frequently operate as judge and jury in business involving their own activities.

The E Coli report even emerged as a bit of a cover-up job, which ministers and colleagues in their control seem to have kept under wraps, for a prolonged period. What do we expect from those whom we elect, and from those whom the elected choose to investigate serious faults affecting our welfare?

I think a new government, which I presume we will have by the time you are reading this needs to take urgent action to clean both themselves and our environment. There are many, even new hospitals, which appear to flout decent cleanliness: this should not be the case since Crown immunity was removed a few years ago. I visit many hospitals in London, from time to time, and even those with modern buildings often leave much to be desired. How refreshing it was to find the Princess Royal Hospital in mid-Sussex such a contrast. A model to copy!

Denis Cobell

Professor Jack Tulley 1921 - 1997

Professor Walter Jack Tulley, OBE, PhD, BDS, FDS, DOrth RCS, Fellow of UMDS, died suddenly on Sunday 2nd February 1997 aged 75 years. A service of Thanksgiving was held in Southwark Cathedral, London SEI on 12th March 1997.

He was Emeritus Professor of Orthodontics, University of London at UMDS, Guy's Hospital and Dean of Dental Studies at Guy's Hospital Dental School from 1980 to 1985.

Jack Tulley was President of the British Society for the Study of Orthodontics in 1964 and of both the European Orthodontic Society and the Third International & Orthodontic Congress in London in 1973. He held numerous other offices both in the UMDS of Guy's and St Thomas' Hospitals, in the Royal College of Surgeons of England and as Consultant Advisor in Orthodontics to the Department of Health. He travelled widely in North America from 1954 onward as well as in South America, Japan and many countries in Europe. He was made an Honorary Member of the American Association of Orthodontists (1973) and was the John Mershon Lecturer in 1984. He received the Silver Medal of the City of Paris (France) in 1980, was elected to Honorary Fellowships in Finland in 1979 and in Canada in 1987.

He particularly enjoyed teaching either in the clinic or in outside lectures both to prestigious audiences and to groups of practitioners seeking an evening of advice and fun, for to be with him was fun.

His first staff appointment at Guy's was a shared one between the departments of orthodontics and anatomy, where he was a demonstrator, and his research work centred around his long term interest in the involvement of muscular activity and soft tissue morphology in the study of orthodontics.

Following retirement, with increasing personal disability, he worked tirelessly from his wheelchair organising transport facilities as well as fund-raising for mobility for the disabled in the East Surrey Dial-a-Ride organisation of which he became chairman in 1989. He received the award of O.B.E. from Queen Elizabeth in her Birthday Honours List in 1995 for this work.

Jack had a warm welcoming nature so that he developed friendships wherever he went and was always a generous host. Above all he was a fighter: against the disability resulting from poliomyelitis in 1938, about which he did not complain; for his profession and particularly his specially, indeed for anything of which he approved and which he thought that he might be able to help.

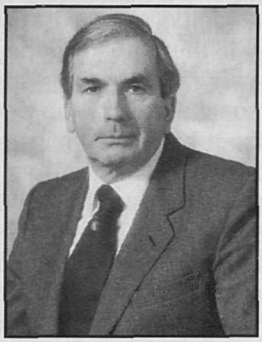
Throughout his life he was an indomitable warrior.

Jack and his wife Eileen, who celebrated their Golden Wedding in 1995,

had two daughters, five grandchildren and three greatgrandchildren. Our sympathy goes to all of them, especially to Eileen who has for long been so unwell herself.

Alan Campbell

John Nevill Gibson, MChir FRCS



Nevill Gibson died after a long illness which he bore with great fortitude. He studied medicine at Cambridge University and St Mary's Hospital. He came into Guy's surgical orbit when he was appointed Registrar to Guy's in 1961.

He was a supportive colleague and many came to him for advice and encouragement. Whenever one was faced with a difficult case it was Nevill to whom one turned. He would not only offer sensible, well thought out advice which was invariably correct, but he would do so with charm and humility. What is more, he would come to the theatre, roll up his sleeves, and give one a hand. He was never showy or boastful, never blew his own trumpet - he was one of those solid good citizens. He had an attractive sense of humour and always saw the bright side of life.

When he was appointed to Pembury Hospital as a Consultant Surgeon he proved to be a great success and was particularly popular with junior staff. In the 1970s Guy's formed close associations with eight or nine hospitals in the region, including Pembury Hospital. Nevill always used to say that he felt a fairly junior registrar was the sort of person he could help most. He had this reputation for always getting up willingly in the middle of the night to lend a hand with a difficult case, to make sure the right diagnosis was made and then to assist the registrar to do the case. The reunions of all the former registrars paid ample tribute to the popularity in which Nevill was held.

One of his many former registrars recounts how Nevill wrote to him on his appointment to Pembury Hospital offering to help with accommodation. A year later when he finished the job, Nevill brought him some fishing tackle as a leaving present which he used to this day. Another former registrar said Nevill was the epitome of the perfect surgeon, giving a superb quality of care both the NHS and private patients but never one at the expense of the other. His support for junior staff was of the

highest order both in professional and social well-being.

He took much more than his fair share of management work. His contribution to the District Management team was greatly appreciated by medical, nursing and administrative staff.

Nevill was a great family man, and his house, called Nevill Court, was always a hive of activity and happiness. His wife, Diana, was a great support to him throughout his professional life, and especially through his illness. He will be sorely missed and our sympathy goes to his wife and family.

Ian McColl
Professor of Surgery

Peter William Ruggles
1927-1997

Born Ealing 1927. Guy's 1950. Served in Royal Navy 1951-1955. Met beloved wife Margaret and married her in Singapore 1953. General Practitioner, High Halstow, 1956-1989.

Very happy family with four children, eight grandchildren and one great grandchild.

Worked in Rochester Diabetic Clinic, mostly as Hospital Medical Practitioner. Active in BMA chairman of Medway Division and Local Medical Committee member.

Hobbies: Pianist, sailed many miles with wife including Holland and Brittany. Practising Christian, served as Churchwarden at local village church for 10 years.

Died April 9th 1997. Leaves wife and family as above.

M Ruggles

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Rugby

Guy's I st XV v Purley
Courage League Away
Lost 26-46

For the last league match of the season, Guy's were visiting Purley one of two teams below them in the league. Under normal circumstances this would be a crucial game for the lower two spots in the division are relegation spots. However this year the league is being reorganised and it seems that no clubs will be relegated. However it was still disappointing that so many first XV players were unavailable despite the exhortations of Capt. Greg Ryan.

Purley are traditionally a large and heavy side and a visit in midwinter to the Purley ground is sometimes met with trepidation given that the pitch is based on clay. However on this occasion, late in the season, it was a clear blue sky but with a strong wind blowing down the pitch. Guy's got off to a disastrous start when a penalty for offside followed by two converted tries to Purley so within minutes Guy's were 17 points down. However they hit back with a superbly worked try off a short penalty with Greg Ryan going over converted by Gibbins.

Guy's closed the gap still further when after a series of moves across the field Gush touched down but unfortunately this was negated just before half time when with the Guy's side looking for a knock on from the referee, Purley ran through to score under the posts to take the half time score to 24 points to 12. Guy's then played well for a short spell and closed the gap when Lawton went over for a try on the left which was actually created on the right side by a combination of backs and forwards. Guy's went into the lead at this time with another try and a penalty from Gibbins. However Purley were getting an ominous amount of possession from the line outs and in subsequent charges took the score to 26 - 29 then with almost total domination of the ball in the lineouts and scrums Purley ran in two late tries and took the score to 46 - 26.

This was a somewhat disappointing end to the league programme but the side have consistently shown that at their best they are a match for any side in the league. The current law changes mean that on day ground our smaller side can play effective running rugby but obtaining possession is likely to remain a key challenge.

Team: Hostert L, Slim W, Baladasaran D, Thorpe B, Scholefield B, Ryan G, Dorset E, Davis P, Davies J, Gibbins N, Ekowa U, Costello J (substitution Etok R), Gush P, Schaeffer W, Lawton G.

SJC

The Darting Dentist

Interview with **Shane Roiser**

(Wasps and Guy's Hospital RFC's)

Shane, 23 is a final year dental student at UMDS who has, in only five years, gone from playing in the London Leagues to winning the Courage League Championship with Wasps in their penultimate game at Northampton last weekend. He was Wasp's top try scorer last season and has already notched up 18 tries this season, 9 of which have been in League games. The gazette caught up with him between clinics and training sessions to find out just how this young dentist manages to fit it all in.

Is it fair to say that you scored possibly the most important try of your career so far to last Saturday against Northampton to help Wasps win the Courage League for only the second time?

Well yes, I suppose so. It was just nice to be involved really. As a winger you can find yourself left out sometimes, with not a great deal to do and one has to ask oneself what did I really contribute to that game? but when you've scored a try no-one can take it away from you.

What has been the best moment of your rugby career to date. You have had some notable memories this year, for instance winning the Hospitals Cup and winning the league with Wasps?

They are obviously two very different things, but winning the Cup with Guy's was particularly memorable as I have played the competition since my first year and it has always been a major ambition to lift that great trophy. However ,I had never previously seriously considered that I would win a league championship, especially the Courage League first division and amazingly I've managed to achieve that dream. They are both absolutely brilliant.

Could you outline for me where and when you started playing rugby and how you managed to end up playing for Wasps first team?

I started playing junior rugby at prep-school from about the age of six. I then played at senior school and went on from there to the old boys club, the Mid-Whitgiftians, who were playing in London League One. From there I moved on to Rosslyn Park for a couple of years and managed to get on the London division tour to Zimbabwe where I played quite well and was seen by a few

Photo of Shane Roiser in the UH cup final, Guy's and St Thomas' versus St Mary's. Kindly donated by Sarah Schofield.
"**Help!**"

selectors. Rob Smith, the Wasps coach, managed to hear about me and he phoned me pre-season three years ago and asked me to come along to some Wasps sessions and here I am today playing for Wasp's 1st team.

How do you fit in being a semi-professional rugby player with all your full-time dental commitments?

Simply, with difficulty. It takes up a huge amount of my time and in any spare moments I'm left feeling quite tired. It's a matter of getting my sleep in wherever I can and just working hard at both rugby and dentistry at the same time.

What is your weekly training schedule at Wasps?

It begins on the Monday with a training session in the evening for all the semi-professional players. Tuesdays and Thursdays involve training with the full squad in the evenings and then there is the match on the Saturday or Sunday. I hasten to add that I have to do my own training on a Wednesday night and possibly on a Friday or a Sunday as well.

Will you eventually have to choose a career between rugby and dentistry?

Difficult question really; I've talked to a lot of people about this matter. Initially in the short term I think rugby would be a more lucrative deal, but in the long run it will definitely be dentistry that will be earning the bread, at the end of the day. However I love rugby an enormous amount and I would be lying if I didn't admit that I enjoyed it more than dentistry. I'd probably choose rugby at the moment.

Does that mean that you may put your dental career on ice for a few years after you have qualified and continue with the rugby full-time?

I've been thinking about this for the last couple of months and I will have to make a decision during the next couple of weeks. I'm still not sure, its going to be a tough one.

Has the fact that, unlike most of team-mates at Wasps, you are not a full-time professional but a dental student prevented you from going on certain tours or playing in certain matches?

Not at all; basically as a first team player if I play well, I get picked for playing well alone. If I was playing badly the I wouldn't get picked so if I can't make certain training sessions or be on time due to my dentistry they (Wasps) make allowances for that, as they understand that I'm a full time dental student. It's also written into my contract that they can only have me at certain times so they understand fully.

Does the dental school allow you as much time as you would like to play rugby?

They would allow me as much time as I wanted. I've talked to various members of staff about this and they are happy for me to got off for games. They have of

course made it plain that any time I miss I will have to make up. It's as simple as that.

You've played against most of the wingers currently involved in first class British rugby and many others, so who do you respect most as an opponent?

Keeping it in the wingers category, I'd probably say Rory Underwood. He has pace, power and his finishing is just unbelievable.

How have you done against him when you've met?

I think I missed him!

How long is your current Wasp's contract?

The playing contract is for three years, of which I have just finished the first.

You were selected to go on the England tour to Argentina this summer; how did you choose between your imminent dental finals and representing your country?

I had a phonecall from one of the England rugby directors and he asked me to come on the tour. I asked him for 48 hours to give him an answer. However after 5 minutes I knew that my dental finals came first and that qualifying was number one on my priorities list. I would of course have been honoured and delighted to go on the Argentina tour but unfortunately they arrive back five days before my finals and, to be totally honest, I'm not sure how much work I would have done out there. I feel I've made the correct choice.

Finally, do you find it difficult not playing for Guy's regularly when so many of your friends and colleagues that you work with daily are intimately involved with that club?

No with friends like Pete Davis, I don't think so!!

Thank you for your time Shane and good luck with your finals and your rugby career.

Ben Challacombe
Sports Editor

Now available, in limited stock, full colour prints depicting Thomas Guy discussing the plans for his hospital with Dr Mead, the physician, and Mr Stear, the architect who designed the East Wing.

The cards are available blank or with Christmas Greetings.

Price: 10 for £6.00 + £1.00 p & pkg
Size: 218 × 163 mm

When ordering, please indicate choice of message

Cheques may be made payable to Guy's Hospital Gazette

Guy's Hospital Dental Society

All Lectures are in the Tower Lecture Theatre, tea at 5.00 for 5.30pm (except for 9th October)

Thursday, 3rd July:
The Story of the Mary Rose.
Mr John Fisher

The Mary Rose was Henry VIII's famous flagship which sunk in Portsmouth harbour. The raising of the ship is well known. An expert on this ship, John Fisher will be giving a fascinating insight into this well known time capsule.

Thursday, 9th October:
Forensic Dentistry.
N.B. in Harris Lecture Theatre
Dr David Whittaker

The connection between teeth, disaster and crime is well known. Dr Whittaker is an internationally known expert in the field.

Thursday, 28th October:
20 Years of Mistakes.
Mr Lynn Walters

Lynn Walters qualified from Guy's in 1961 and had been with Dental Protection Ltd for twenty years: he is retiring this year. He should be able to give us some fairly rich anecdotes from his legal career.

Thursday, 20th November:
AGM and Student Elective Presentations.

Students will be reporting on their exotic elective experiences.

407 Art Club

The next exhibition will be held in June or July.

Anyboby interested in showing paintings/drawings or other creative exhibits should contact:

Dr T Gibson,
Rheumatology Unit,
Shepherds House,
Guy's Hospital.
Tel. 0171 955 4310
e.mail: t.gibson@umds.ac.uk

Piano Practice

The Revd Ann Harley, Guy's Chaplain is willing to give permission to medical and dental students who wish to use the piano in the Chapel for practising. Students of Grade 6 standard and above should contact the Chaplain's office to book a suitable time. A letter of authorisation must be presented from the appropraite Dean or the Academic Registrar suporting the students request for access.

CLASSIFIED AND ANNOUNCEMENTS

The Lord Brock Memorial Trust Historical Essay Competition 1997

The Lord Brock Memorial Trust, which is responsible for the Old St Thomas Operating Theatre and Museum in St Thomas Street opposite Guys Hospital, holds an annual competition for an historical essay on a medical subject. Any medical historical subject can be chosen, but there should preferably be some connection with Guys Hospital, St Thomas Hospital , or their Medical Schools.

The prize is £300.

The competition is open to anyone associated with Guys, St Thomas or UMDS. The closing date is 31 October 1997

For further details, please contact Anne Rigby in the Special trustees Office on extension 5316 or 0171 955 4996

Reunion

We are planning a 'Fortieth Reunion' for those who graduated medically from Guy's in 1957.

We are arranging a dinner which will be held on Friday 26th September and we are anxious to trace anyone who qualified then and whom we have not yet managed to contact.

Ian Jessiman, Ian McColl, Brian Murray and Pat Tomlinson

Please reply to:
Dr Ian Jessiman at
17 Grange Drive, Chislehurst,
Kent, BR7 5ES

New Professorships

The Division of Anatomy and Cell Biology at UMDS have recently announced the appointment of two Professorships.

Dr Susan Standring has been appointed the Professor of Applied Neurobiology

Dr Chris Buckland-Wright has been appointed Professor of Radiological Anatomy both with effect from 1st April

BMA

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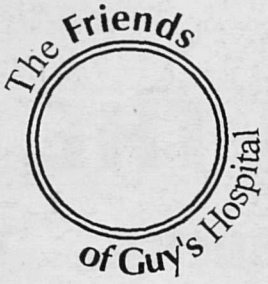
U M D S
Programme of Talks for 1997

19 June - 1pm
'Finding a House Job'
by Dr Stella Lowry, International Dept
in Postgraduate Centre

Some practical tips on applying
for your first house job

FOOD WILL BE PROVIDED AT EACH TALK



WHO NEEDS FRIENDS? *WE DO!*

Why not become a member of the Friends of Guy's Hospital?
The Friends are a registered Charity,
whose origin dates back to 1895.

The Friends provide amenities and equipment which the hospital is not able to provide and it supports research. The Friends run a shop in the hospital grounds selling flowers and other items as well as a Trolley Shop to the wards. Volunteers who provide this service find it very rewarding. They need and welcome anyone who wishes to join them.

It is easy to join the Friends. You do not need to be an ex-patient, although many of our members are. The minimum subscription is £1.00 a year but EXTRA DONATIONS are greatly appreciated. Cheques and postal orders should be made payable to "The Friends of Guy's Hospital" and should be sent to: The Secretary, The Friends of Guy's Hospital, Guy's Hospital, London, SE1 9RT. (Tel. 0171 407-1058). Contact the Secretary if you require information regarding DEEDS OF COVENANT or LEGACIES.

In recent times we have provided:

- Blood pressure recording machines for the wards
- ECG monitors for the Cardiothoracic Unit
- Auditory-evoked potentials system for investigating hearing thresholds in difficult-to-test patients and in neurological dysfunction

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

GUY'S HOSPITAL, MEDICAL & DENTAL SCHOOLS

Gazette

KMDS Guy's
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July/August 1997

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- Hong Kong Report
- Old Boy's Tour

Hunt's House, Guy's Hospital

GUY'S Gazette

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Passim

Students are in the limelight at the moment due to the recent Dearing Report on the future of student funding in Higher Education. The impact of this report on the new intake of students in September 1998 to UMDS is that at a minimum they will be paying £5,000 at the end of the course for the privilege of being given a medical education. This value would be increased if an intercalated BSc was taken, which is encouraged here and compulsory at other colleges. It is also feared that the actual amount may be increased or that the college itself may demand top-up payments, plans for which already exist at Oxbridge and LSE, to mention but a few.

Understandably sixth formers looking at any Higher Education, let alone Medicine, will be concerned about the idea of a £5-6,000 debt existing before they have bought one textbook, let alone their first meal.

Debts and loans for students are a necessity and a reality. It is not something that students can usually avoid except of course the very wealthy. At the moment with five annual and essential student loans being taken a medical or dental student is already facing a £10,000 pay back when he or she qualifies. The addition of tuition fees, post-graduate loans and exam fees could force the overdraft up to the £20,000 mark and lead to a daunting future for many of our young doctors..

It is just hoped that with all this pressure and insecurity that someone who would make a brilliant doctor or dentist does not get turned away at 18 due to lack of financial backing and miss out on the oppurtunity so many of us have been given.

Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Oil Refineries

Dear Sir,

When I read in the Gazette how the new dental Professor of *Cariology* is liable to have her mail sent – not surprisingly – to the department of *Cardiology*, I was reminded of something that happened to me in 1961 when I was appointed to a post in Glasgow after five years with the Ontario Cancer Foundation.

In North America, hospitals are never called infirmaries, whereas in Scotland and in many parts of England they often are. So when a patient asked if she could write to me to tell me of her progress, a letter arrived addressed, not to me at the Royal Infirmary, but to the *Oil Refinery.*

It says a lot for the Post Office that it reached me.

Believe it or not, a letter from another of my Canadian patients at this time was addressed to The Royal Infirmary, Glasgow, Wales, England.

Yours faithfully,

Thurstan Brewin

Libraries

Dear Sir,

The Best Medical Library in London

Jason Roach should join the Royal Society of Medicine. This would give him access to a comprehensive library with friendly staff. I have never regretted joining – they even provide an electronic and postal service for simple rustics such as myself!

Yours faithfully,

Gareth Greenslade
Consultant Anaesthetist

Guy's and St Thomas' Hospitals RFC

Dear Sir

The Governors of UMDS formally decreed in July 1996 that the name of the Rugby Club at UMDS should be changed from Guys Hospital RFC to Guys & St Thomas Hospitals RFC.

This, as noted in the recent letter from the Principal to the Gazette, followed much debate and discussion at every level in the School. The new name reflects a technical union of the previously constitutionally separate Guys and St Thomas clubs though operationally there has been a single rugby club for many years. The new name has been registered with the RFU at Twickenham and the new constitution adopted at the AGM of the Rugby Club on May 1st. The club will play henceforth in all competitions as Guys/St Thomas. In the spirit of the union the Club formally entered and won the UH Cup competition as Guys/St Thomas. Recent reports of the Hospitals Cup successes should, of course, have reflected this.

Yours faithfully

S J Challacombe
President, Guys and St Thomas Hospitals Rugby Football Club

Creature Dis-Comforts

Dear Sir

Your story of a Bengal tiger in the children's ward brings to mind the lion cub that a friendly vet brought into my surgery some years ago.

The little thing rolled over and grasped my ankle in its powerful jaws, while it looked up at me mischievously. Have you ever looked into a lion's eyes? They are mad, quite mad. I kept very still, as I could feel that with one crunch I'd be able to play the part of Long John Silver without the aid of the make-up department. It was only a cub about the size of a fox, but its jaws were like a man trap. I do hope Bengal tigers are more civilised - or that this one is introduced to the Dental Prosthetics Department before it gets much older.

Charles Steer MB BS MRCGP

Kate Helen Meikle

Dear Sir,

4th June 1997. The latest copy of the Gazette reminded me that I should inform you that my mother Kate Helen Meikle (nee Oswald) passed away in April this year.

She was a firm supporter of Guy's all her life and raised a local petition when it was proposed that Guys should merge with St. Thomas's. She joined the Southern Rhodesian Nursing Service in 1936 and served at the Salisbury and Umtali hospitals, before marrying my father in 1939 to become a farmers wife.

Yours faithfully,

John Meikle

Faulty valves

Dear Sir,

I have greatly enjoyed reading the occasional articles by Professor Harold Ellis on Guy's figures from the past, including the most recent on Sir William Arbuthnot Lane.

I am surprised that Prof. Ellis, himself a distinguished surgeon and anatomist, did not comment on Lane's proposed approach to enlarge a stenosed mitral valve, which he reports as being cut 'the valve with a long knife passed down the jugular vein.' This route would clearly lead him, not to the mitral, but to the tricuspid valve! It is perhaps no wonder he 'could never persuade a physician to refer a suitable case to him.'

Yours faithfully,

David K C Cooper

Superintendent speaks truth

Dear Sir,

I was reading an article in the April Gazette page 534 by Mr. Mansell which mentioned that on Professor Blalock's visit to Guy's Hospital ten operations were performed by him. This is incorrect and I would like to make it clear it did not happen.

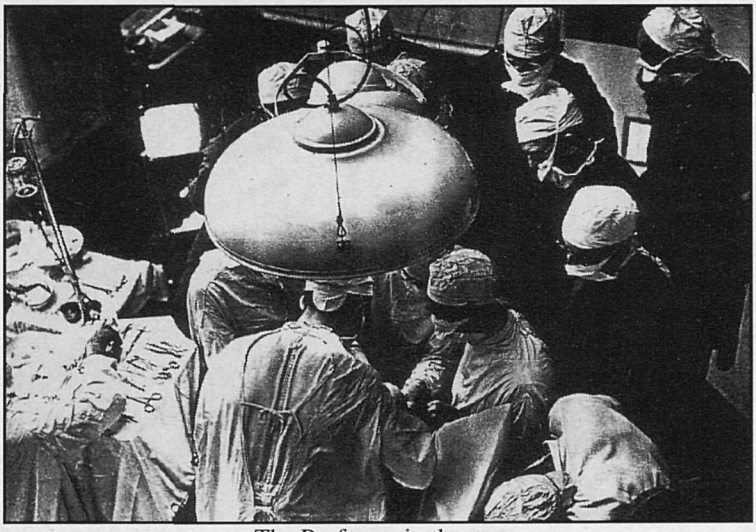
As I was the Superintendent (Sister of Theatres) I had to be present on such an occasion to see that he had all he required. I would also have been on duty for further operations. So it was one only.

I have enclosed two pictures taken by the 'Daily Express' (given permission to film the operation in progress) and the three year old Peter Gabriel who was a blue baby. This photo was taken the morning after the operation. Lord Brock is seen in the picture assisting the Professor and being shown the new technique that the Professor used.

I add I was Dorothy Smith when I was at Guy's. I was there for 20 years.

Yours faithfully

Dorothy Wilson



The Professor in theatre

Peter Gabriel the morning after

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Great Guy's Characters of the Past...

Sir William Gull (1816-1890)

Although nothing can detract from the fame of that great triumvirate of Physicians of Guy's, Addison, Bright and Hodgkin, close behind them as clinician and teacher must be placed William Gull. He was born in Colchester in 1816, the youngest of eight children. His father, a barge owner, died of cholera when William was but 10 years old so the children were brought up under very difficult conditions by their determined mother. At the age of 17, William became a pupil teacher. He then decided that he would like to be a doctor, but the chances of this seemed remote for a lad those days in such financial circumstances. Now came a wonderful opportunity. Gull attended the local rector, a Mr Harrison, for lessons in Latin and Greek. Harrison's uncle was the famous Benjamin Harrison, Treasurer of Guy's who was introduced to young Gull when he came to stay with his nephew. Harrison was a great spotter of talents (Addison and Bright was among his protegees) and offered Gull £50 a year and accommodation in the Hospital, saying "I will help you if you will help yourself". Young William soon proved his worth, qualifying MB in 1841 with Honours in four subjects and 3 years later gaining his MD with gold medal. During his junior years, Gull taught materia medica and physiology, looked after the ward for lunatics and was medical tutor. Living either in or near Guy's during these years, he acquired a wide knowledge of clinical medicine. He was appointed assistant physician in 1851 and full physician to the Hospital in 1858. He now had an enormous practice and resigned at the age of 50, later becoming consulting physician and a Governor of the Hospital.

'He then decided that he would like to be a doctor, but the chances of this seemed remote for a lad those days in such financial circumstances.'

What were Gull's virtues? First he was a gifted clinical observer with profound knowledge of all branches of medicine combined with a scientific mind. Among his notable contributions was his description of the condition which he named Anorexia nervosa in 1874. In the same year he read a paper before the Clinical Society on "a cretinoid state supervening in adult life in women", which was the first account of the condition which we now call myxoedema or hypothyroidism. Five cases are recorded and it was a fine piece of clinical observation to recognise that this and cretinism were one and the same disease, for none of the cases was fatal and he states "from the folds of fat about the neck I was not able to state what the exact condition of it (the thyroid) was. To Gull goes the credit of being the first to describe disease of the posterior columns of the spinal cord in association with the symptoms of tabes dorsalis in spinal syphilis. Interestingly the cord was normal to the naked eye, the changes being seen (and illustrated) on microscopic examination only. Gull also made useful contributions to the pathology of Bright's disease and also noted that in pancreatic disease the fat is separated from the general mass of faeces in the stools.

'Among his notable contributions was his description of the condition which he named Anorexia nervosa in 1874.'

Second, Gull was a great teacher. His short, compact sentences and aphorisms were carefully noted by his students and he insisted on meticulous clinical examination. He stressed that the two special objects of medicine are to do good and not to do harm. Many patients and indeed colleagues in consultation were upset when he decreed the useless medicines and procedures that were so often prescribed in those days. However, he used the few specific remedies then available, such as quinine, opium, digitalis and mercury with skill. After he retired he said, 'I am thankful .... that we have disabused the public of the belief that doctoring consists in drenching them with nauseous drugs'.

'He stressed that the two special objects of medicine are to do good and not to do harm.'

Gull could have made a good actor and there were many stories of his histrionic talents. He was once called to see a young lady and passed her open bedroom door to meet her mother and the doctor in another room. He walked up to the mother and said 'Mother, I congratulate you; your daughter will recover entirely'. She replied 'but you have not even seen her'. He replied "Madam, I saw her through

the open door of her bedroom and that was enough". He had been told that the patient was suffering from typhoid fever. He saw her sitting up in bed and he knew that any sufferer from typhoid who sits up in bed must be doing well!

Gull was created a Baronet after treating Edward, the Prince of Wales for typhoid fever in 1881. In 1887, Sir William was seized with a hemiplegia and aphasia due to a cerebral haemorrhage. He made a good recovery but had several further attacks, the last leading to his death in January 1890.

'..."I am thankful .... that we have disabused the public of the belief that doctoring consists in drenching them with nauseous drugs". '

Guy's students should make a point of visiting the Board Room in the Medical School. There they will see a portrait of William Gull, a great Guy's character.

Harold Ellis

Gazette

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The Guy's Gazette is now available to all on the World Wide Web! Articles from the monthly journal can be found at the address below, as well as links to other medical and dental related sites.

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Romantic Weather:

Keats and the Quality of the Air, Part II

Continued from the May/June 1997 Gazette...

This is not an escapist fantasy which turns its back on the ruptures of Regency culture, as some recent critics have suggested; it is a meditation on how human culture can only function through links and reciprocal relations with nature. For Keats, there is a direct correlation between the self's bond with its environment and the bonds between people which make up society. The link is clear in the letters he wrote around the time of the composition of "Autumn". At the end of August 1819, he writes to Fanny Keats:

> The delightful Weather we have had for two Months is the highest gratification I could receive -- no chill'd red noses -- no shivering -- but fair Atmosphere to think in -- a clean towel mark'd with the mangle and a basin of clear Water to drench one's face with ten times a day: no need of much exercise -- a Mile a day being quite sufficient -- My greatest regret is that I have not been well enough to bathe though I have been two Months by the sea side and live now close to delicious bathing -- Still I enjoy the Weather I adore fine Weather as the greatest blessing I can have.9

The measure of human happiness, Keats suggests, is not solely a matter of government decree, is not determined by the high politics of Fat Louis and Fat Regent, to whom he refers dismissively later in the same letter. There are more basic necessities: good weather, clean water to wash and bathe in, unpolluted air in which to exercise. Aware of his poor lungs, Keats took up residence in Margate where Dr A. P. Buchan practised medicine and wrote his seminal book on the healthy atmosphere of the Thanet peninsula, *Practical Observations concerning Sea-Bathing* (1804). The emergence in the early nineteenth century of discourses of sea-bathing and ozone are crucial here.

On 21 September 1819 in his journal-letter to the George Keatses (2.208-9) he moves easily from human bonds ("Men who live together have a silent moulding and influencing power over each other -- They interassimilate") to the bond between self and environment ("Now the time is beautiful. I take a walk every day for an hour before dinner and this is generally my walk"). The walk is described: it traces a path from culture to nature, from cathedral and college to

meadow and river. Between theorising about interassimilation and describing his walk in the fresh autumn air, Keats writes "I am not certain how I should endure loneliness and bad weather together". Life depends on sociability and warmth: in order to survive, our species needs both social and environmental networks, both human bonds and good weather.

"To Autumn" is a poem about these networks. That it is a weather poem is manifest from the passage describing its genesis in the other famous letter which Keats wrote on Tuesday 21 September 1819, to J. H. Reynolds:

> How beautiful the season is now -- How fine the air. A temperate sharpness about it. Really, without joking, chaste weather -- Dian skies -- I never lik'd stubble fields so much as now -- Aye better than the chilly green of the spring. Somehow a stubble plain looks warm -- in the same way that some pictures look warm -- this struck me so much in my sunday's walk that I composed upon it. I hope you are better employed than in gaping after weather. I have been at different times so happy as not to know what weather it was. (Letters, 2.167)

The consumptive has no choice but to gape after weather. I believe that the key context for this passage is the poor air quality of the years 1816-18 -- Byron's 'perpetual density", the effect of Tambora. Health, wrote Keats in his late letters, is the greatest of blessings, the cornerstone of all pleasures (2.289, 306). When his body was finally opened by Dr Clark, Dr Luby and an Italian surgeon, "they thought it the worst possible Consumption -- the lungs were entirely destroyed -- the cells were quite gone."[11] Air quality is of the highest importance for the weak of lung. Keats was killed less by the reviewers than by the weather. I suspect that when he refers to the "different times" at which he was "so happy as not to know what weather it was", he is thinking of the bad weather of the immediate post-Tambora years which tragically coincided with the first taking hold of his pulmonary tuberculosis. The good summer and clear autumn of 1819 very literally gave him a new lease of life.

"To Autumn" itself is a poem of networks, links, bonds and correspondences. Linguistically, it achieves its most characteristic effects by making metaphors seem like metonymies. Mist and fruitfulness, bosom-friend and sun, load and bless, are not "naturally" linked pairs in the manner of bread and butter. One would expect the yoking of them to have the element of surprise, even violence, associated with metaphor. But Keats makes the links seem natural: the progression of one thing to another through the poem is anything but violent or surprising. The effect of this naturalisation within the poem is to create contiguity between all its elements.

The world of the poem thus comes to resemble a well-regulated ecosystem. Keats has an intuitive understanding of the underlying law of community ecology, namely that biodiversity is the key to the survival and adaptation of ecosystems.[12] Biodiversity depends on a principle which we might call *illusory excess.* In order to withstand the onslaught of weather an ecosystem needs a sufficient diversity of species to regenerate itself; species which serve no obvious purpose in one homeostasis may play a vital role in changed environmental circumstances. Their superfluousness is an illusion; they are in fact necessary. The wild flowers in the second stanza of "To Autumn" are an excellent example: in terms of the agricultural economy, the flowers which seed themselves in the cornfield are a waste, an unnecessary excess, but under different environmental conditions they could be more valuable than the corn. The wild-flower which Keats names is the poppy. I believe that this is chosen not only for aesthetic effect -- the red dots contrasting with the golden corn, as in Monet's Wild *Poppies* -- but also a reminder of medicinal value. "The fume of poppies" makes us think of opiates against pain and care. Spare the next swath with your reaping-hook, says Keats, and you might just gain medical benefit; spare the remaining rainforests, say ecologists, and you might just find a vaccine against AIDS among the billions of still unstudied plant species you would otherwise annihilate.

The ecosystem of "To Autumn" is something larger than an image of agribusiness. Agribusiness sprays the cornfields with pesticides, impatient of poppies and gnats. Agribusiness removes hedgerows, regarding them as wasteful; "To Autumn", in contrast, listens to hedge-crickets. The poem is concerned with a larger economy than the human one: its bees are there to pollenate flowers, not to produce honey for humans to consume ("later flowers for the bees", not bees for human beekeepers).

But the imaginary ecosystem of the text is also something larger than a piece of descriptive biology. There are not only links within the biota -- flower and bee, the food-chain that associates gnat and swallow -- but also links between the discourses which the Enlightenment frame of mind sought to separate out. The poem not only yokes external and internal marks of biological process (the visible bending of the apple tree, the invisible swelling of the gourd), it also yokes community and chemistry (bosom-friend and sun), physics and theology (load and bless), biology and aesthetics (a link which we may express through the two halves of the word which describes the closing images of the poem: bird-song). And crucially, it refuses to sign the Cartesian constitution which splits apart thinking mind and embodied substance. In contrast to Keats's earlier odes, there is no "I" listening to a nightingale or looking at an urn: the self is dissolved into

the ecosystem. In his joumal-letter, Keats wrote of his ideal of interassimilation between men; in the poem he is interassimilated with the environment.

Indeed, environment is probably the wrong word, because it presupposes an image if man at the centre, *surrounded by* things; ecosystem is the better word exactly because an ecosystem does not have a centre, it is a network of relations.

Insofar as the poem does have a centre and does anthropomorphise, it is distinctively female. The human figures in the central stanza -- winnower, reaper, gleaner and cider-presser -- embody traditional woman's work. And, crucially, they are not in process of "working over inorganic nature" in the manner of Marxian man. They are suspended, immobile. The winnower's hair is balanced in the wind, the gleaner balances herself in equilibrium with the eddies of the brook, the reaper is asleep under the influence of the poppy, the cider-presser is winding down in entropic rhythm with the oozings.

In contrast to those feminists who seek to denaturalise traditional images of masculinity and femininity, ecofeminists reappropriate and celebrate the idea of woman's closeness to the rhythms of mother earth. A line of work beginning with Sherry Ortner's "Is Female to Male as Nature is to Culture?", and best exemplified by Carolyn Merchant's *The Death of Nature,* posits direct links between Enlightenment science, masculinity and technology on the one hand, the exploitation of women and the exploitation of the earth on the other.[13] Keats's images of wise female passivity and responsiveness to nature are prototypically ecofeminist.

If we return to the letter to Reynolds with this in mind, we will notice that it offers more than a weather report. It mediates between meteorology, mythology and aesthetics. The unblemished sky is compared to Diana, mythical goddess of chastity, and the shaven cornfield is compared to a painting. The allusion to Diana fits with the poem's feminised relationship with nature. Keats would have read in Lempriare's *Classical Dictionary* that the poppy was sacred to Diana. Several of the goddess's traditional functions and associations suggest that she may be regarded as a spirit of ecological wholeness: she was supposed to promote the union of communities; she was especially worshipped by women; she seems originally to have been a spirit of the woods and of wild nature who was subsequently brought into friendly accord with early Roman farmers. But this latter shift also reveals the illusion upon which the poem is based. Diana, with her associations of woodland, chase and pool, is pre-eminently the presider over a pre-agrarian world. The meadows in which she runs are never harvested. Chastity is an ancient image of untouched -- virgin -- land. It might be said that a more appropriate presider for the poem would be one of Diana's opposites, the fertile Cleopatra: "he ploughed her and she cropped", says Enobarbus of Caesar and Cleopatra. The male farmer ploughs, the female land is cropped.

In both letter and poem, Keats celebrates the stubble, that which remains after the cropping and the harvest. The land is worked-over, not virgin. The aestheticised stillpoint of the poem occurs at the moment when humankind has possessed and emptied the land. But where in the "Ode on a Grecian Urn" the objective correlative was a human artwork which was celebrated precisely because it transcends time, "To Autumn" offers only a momentary suspension upon the completion of harvest. At the close of the poem, the gathering swallows and the full-grown lamb are already reminding us of the next spring. Famously, Keats gives up on the earlier odes' quest for aesthetic transcendence, embracing instead the immanence of nature's time, the cycle of the seasons.

"Accidentally or knowingly, " writes the philosopher and historian of science Michel Serres, "the French language uses only one word, *temps,* to speak both of the time that ticks by or flows, and of the weather produced by the clime and by what our ancestors called meteors.[14] "To Autumn" is a poem of both time and the weather. In this respect, it mediates between exterior and interior ecologies. Ecosystems evolve in time through the operation of weather; the ecology of the human mind is equally dependent on the two senses of *temps.* Our identities are constituted in both time and place, are always shaped by both memory and environment. Romantic poetry is especially concerned with these two constitutions. It is both a mnemonic and an ecologic. Weather is a prime means of linking spatiality and temporality -- this, I suggest, is why so many major Romantic poems are weather poems. A Romantic poem is a model of a certain kind of being and of dwelling; whilst always at several removes from the actual moment of being and place of dwelling in which it is thought and written, the poem itself is an image of ecological wholeness which may grant to the attentive and receptive reader a sense of being-at-home-in-the-world.

Let us read "To Autumn" backwards. The poem ends with an at-homeness-with all-living-things (swallow, robin, cricket, sheep, willow, gnat). The fi nal stanza's river and distant hill are not virgin ecosystems, but they are less touched by humankind than is the intermediate farmed environment of the middle stanza. Where the poem has begun is with an intensively managed but highly fertile domestic economy in a cottage garden. The movement of the poem is thus like that of the walk out of Winchester which inspired the poem: from culture to nature. But the movement through the poem, with its intricate syntactical, metrical and aural interlinkings, is not one which divides the culture from the nature. There is no sense of home and garden as the opposites of river, hill and sky. Rather, what Keats seems to be saying is that to achieve being-athomeness-in-the-world you have to begin from your own dwelling-place. Think globally, act locally.

With its thatch-eves, mossed cottage-trees and morning mistiness, Keats's imaginary dwelling-place is built upon the Nether Stowey cottage-home described by Coleridge in "Frost at Midnight":

> Therefore all seasons shall be sweet to thee,
> Whether the summer clothe the general earth
> With greenness, or the redbreast sit and sing
> Betwixt the tufts of snow on the bare branch
> Or mossy apple-tree, while the nigh thatch
> Smokes in the sun-thaw; whether the eavesdrops fall
> Heard only in the trances of the blast,
> Or if the secret ministry of frost
> Shall hang them up in silent icicles,
> Quietly shining to the quiet Moon.

At the micro-political level of ideology, "Frost at Midnight"'s celebration of snug (though surely not smug) domestic virtue may be related to a Burkean defence of "home' against French revolutionary innovation during the invasion-fear of 1798; at the macro-political level of ecosophy it is a meditation on the relationship between being and dwelling, achieved through a subtle inter-play of what Serres calls *les deux temps.*

The secret ministry of the frost (weather) is the exterior analogue for the equally secret interior ministry of the memory (time). As the frost writes upon the windowpane, so memory writes the poet's identity. By the end of the night both the environment of the cottage and the ecology of the poet's mind will have subtly evolved. The poet has learnt to dwell more securely with himself, his home and his environment. But the structure of the evolution is that of a topological network, not a Newtonian sequence of action and reaction. The distinction I have in mind here is that made by Serres in *Eclaircissements.* If you take a handkerchief and lay it flat to iron it, you can define fixed distances between points on it: this is the geometry of the classical age. But if you crumple up the same handkerchief to put it in your pocket, two points that were far apart can be near together or even superimposed on one another; other points that were near can become far: this is the topology of networks. For Serres, both time and the weather are structured according to this kind of topology.[16]

Chaos theory has a name for these relationships: they are fractal. I believe that as Keats had an intuitive knowledge of the importance of illusory excess as a principle of community ecology, so Coleridge had an intuitive knowledge of the fractal structure of time and weather. How may we measure the motions of "Frost at Midnight"? The pattern of the frost; the flickering of the flame and the flapping

of the film on the grate; the flowings of breeze, wave, cloud, thaw-steam, eve-drop and icicle? They are fractal; the poet's abstruser musings have dim sympathy with these motions because they have a similar structure, in that the poem's temporal structure is not classically sequential, but crumpled like Serres' handkerchief in such a way that it makes manifest neighbourings ("voisinages")[17] which are invisible to the Enlightenment way of seeing. The temporal structure may be simplified as present-past-future-present. In its imagining of the baby Hartley's future, the poem proposes an ideal mode of dwelling in which the human subject is set into a new relationship with the objects of nature:

> But *thou,* my babe! shalt wander like a breeze
> By lakes and sandy shores, beneath the crags
> Of ancient mountain, and beneath the clouds,
> Which image in their bulk both lakes and shores
> And mountain crags.

The child is imagined as becoming like the weather, the breeze which plays across both land and water. But, more than this, the Enlightenment form of spatial perception is shattered: the parallelism of "beneath the crags" and "beneath the clouds" breaks down the rigid distinction between solid and vaporous matter, while the image of the mountains and clouds imaging the lakes reverses the classical structure of substance and shadow (real mountain above, illusory image reflected in water below). The dislocation -- the *pliage* -- is such that it no longer seems appropriate to talk about human subject and natural object. The Cartesian subject/object distinction is made to vanish.

The imagined relationship between Hartley and nature is like the articulated relationship between Samuel and Hartley. The italicised thou strives to replace the dialectic of subject and object with an intercourse of I and thou. Where the subject/object relationship is one of power, the I/thou is one of love. Bond and tie replace mastery and possession. An ecofeminist language of nurture and care, as against male technological exploitation, is again apposite. What is truly radic al about "Frost at Midnight" is Coleridge's self-representation as a father in the traditional maternal posture of watching over a sleeping baby. In ecofeminist terms, this realignment of gender roles clears the way for a caring as opposed to an exploitative relationship with the earth.

Michel Serres asks: "In politics or economics, by means of the sciences, we know how to define power; [but] how can we think fragility?"[18] I ask myself: what might be the legacy of Romantic poetry for us now? And it occurs to me that the answer to Serres' question is the answer to mine: Romantic poetry can enable us to think fragility. Byron's "Darkness" proposes that when ecosystems collapse,

human bonds do so too. Keats's "To Autumn" and Coleridge's "Frost at Midnight" are thinkings of our bonds with each other and the earth, thinkings of fragile, beautiful, necessary ecological wholeness. Serres presides over this paper, so he may be given the last word:

> In our exclusively social contracts, we have dropped the bonds that attach us to the world, those that bind temporality to temperature, time to weather, those that put social sciences and physics, history and geography, law and nature, politics and physics, into relation; the bond that directs our language to silent, passive, obscure things that because of our excesses take back their voice,
> presence, activity, light. We can no longer neglect it.
> In the disquieting lull before the second deluge,
> can we practice a religion diligent of the world?
> It is said that certain organisms disappeared from the surface of the Earth because of their tremendous size. It still surprises us that the biggest things are the most fragile, like the entire Earth, humans in the megalopolis, or an all-being, God. Having taken pleasure at the death of these fragile giants for so long,
> philosophy today takes refuge in the little details that give it security.
> Whose diligent shoulders can support, from now on, this huge, fissured sky which we fear will, for a second time in a long history, fall on our heads?19

Jonathan Bate

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Hong Kong - What's next?

July l st 1997

The poignant symbolism of the sailing of Royal Yacht Britannia out of the harbour, which gave Hong Kong (trans: *fragrant harbour)* its name, signalled the restoration of the city to Chinese sovereignty. The 99 year old lease signed in 1898 between the British and Chinese Governments in the era of the opium wars expired today. During British rule Hong Kong has been transformed from a barren rock to a vibrant city of energy, beauty, prosperity and stability. The British Government, through its appointed Governors, and the local legislative council have provided the legal framework and freedom for the people of Hong Kong to develop their creativity, ingenuity, social responsibility and self respect within the international community. While there is excitement and patriotism at the prospect of reuniting with the mother country, there are also inevitable concerns about how communism will affect religious freedom, human rights and civil liberties.

The joint declaration of 1984 by China and Britain indicated that China had agreed for Hong Kong to retain a high degree of autonomy, its capitalist way of life, legal system and financial markets for 50 years after 1997. Hong Kong would be granted the status of a Special Administrative Region. This 'one country, two systems' philosophy seemed fair until the Tiananmen Square massacre in June 1989, which completely destroyed any degree of trust Hong Kong people had in the Chinese politburo and the People's Liberation Army. This trust has been eroded further recently when Chinese leaders decided to disband the democratically elected legislative council in Hong Kong and to establish in its place a provisional legislative body of 60 members, who were carefully selected by the Chinese administration. Furthermore C. H. Tung, the first Chief Executive of Hong Kong, has already indicated his wish to tighten the laws on free speech and assembly. Finally, the determination of China to send 4000 troops together with armoured cars into Hong Kong immediately after the handover is especially insensitive in view of the horrors of Tiananmen Square.

Despite the apparent contemptuous disregard for local opinion, there are nevertheless several reasons for optimism. The British Government leaves behind a civil service of the highest distinction; outstanding men and women who will continue to serve in every capacity. There is still an independent judiciary and the next Chief Justice, Andrew Li, is a QC of highest integrity who is committed

to the defence of the rule of law. He wrote in a recent letter, ' We are at the dawn of a new and challenging era. I am deeply conscious of the community's high expectations of the judiciary that it will uphold the rule of law. Our rights and freedoms can only be safeguarded by the fair and efficient administration of justice by an independent judiciary. I have a duty to serve and I shall do my best."

Mainland China itself is opening its borders and emerging from its introverted past to take its place as an international citizen. It is encouraging investments, especially in major cities such as Beijing and Shanghai. It is therefore as much dependent upon international co-operation as the rest of the world. The future of Hong Kong is on the international agenda and the eyes of the world are upon China. It would be illogical for China to destabilise Hong Kong, as this would simply jeopardise China's spectacular economic growth by incurring reprisals, at a time when it needs the incentives of international trade and goodwill.

The capitalist transformation of certain parts of China has been remarkable. Rural areas, especially in South China, have shown rapid expansion of industrial areas. New towns are developing not only to accommodate factory workers but also to encourage Hong Kong people to move into China to live, because house prices are still much less expensive. While a great deal has still to be learnt about city planning, there are now areas in South China which are difficult to distinguish from parts of Hong Kong. In this context, it is interesting that many Hong Kongers who obtained foreign passports and left the city several years ago, because of their fears about the handover to Chinese rule, are returning to Hong Kong to live and work.

There is another reason why China will wish the transfer of Hong Kong to proceed smoothly and this is the Taiwan factor. Ever since Chiang Kai Shek escaped from mainland China during the civil war and set up an independent Chinese government in Taiwan, mainland China has been trying unsuccessfully to reunify the two countries through displays of force and political persuasion. The Taiwan people will be viewing China's handling of Hong Kong very carefully and will be reassured if Hong Kong can be assimilated back into Chinese rule with minimal disruption.

It would indeed be naive to underestimate the challenges that lie ahead for the people of Hong Kong, but there can be cautious optimism. The increasing political maturity, confidence and, above all, the universal values of freedom, decency, industry and enterprise that are inherent in the people of Hong Kong will help to ensure their continuing freedom, vitality, peace and success.

Tak Lee

Our First Experience of Guy's

I think the general attitude towards us was evident from the very first, when, on a reconnaissance in the vicinity of London Bridge in search of suitable places for lunch during our stay in the district, and on entering a nearby "Lyons," we were greeted by curious stares from the-presumably-Guy's Medicals already congregated there in bunches. The Initiation Ceremony took place at one of their Revision Physiology lectures given that afternoon by Professor Spurrell. By the time we arrived being directed by well placed guides posted at all corners their 3rd year students were already assembled and had a first-class view so to speak. The Lecture Theatre, quite a large place was full, and the advent later of more of the men to the accompaniment of loud hissing, booing and stamping, rather implied that the newcomers either should not or would not normally have been there at all. The Professor being five minutes late " why are we waiting " was sung through twice to the tune " Adeste Fideles." Finding us not altogether responsive, they then proceeded to repeat the process in a very high treble with heart-rending screeches on the top notes which, understandably, proved very effective in bringing the Professor along without further delay. The Professor began by extending a hearty welcome on behalf of all present to "our visitors." (Loud cheering and stamping.) For 200 years Guy's had maintained its characteristic of being a celibate institute. (Boos and hissing.) Now the insignificant male was having to submit to so to speak the tyranny of the opposite sex. (Violent cat-calls.) We were reminded that history was being made there on that spot on that memorable afternoon- and apologies were vouchsafed on account of the scantiness of the accommodation they were able to provide. The Professor had been assured by our staff that we would be perfectly competent to use our ingenuity in dealing with the situation. Sorrow was expressed at our misfortune and infinite relief that matters had not been worse. Actually little ingenuity was needed on our part. Our outdoor clothes are stocked in the Pathology Museum overalls are kept in a hide-out known as the Respiration Room and a small door, formerly bearing the crest "staff only," now announces "Ladies" to the world at large. (At

intervals mistaken Guys-ites may be seen retracing their steps with baffled expressions.) We also have the use of a very light, airy and comfortable room on the fourth floor for quiet work and can use the Library and borrow books if we wish. By now we have, in addition, acquired a notice-board of our own, just inside the front entrance of the Medical School, where two small notices reside at the moment in sharp contrast to the other boards abounding with such things as notices regarding Boxing Championships, etc. I am very thankful to say that the situation occurring after that first lecture, when we emerged to find the corridors crowded with curious onlookers, has not been repeated. I gather others waiting in the quad outside dispersed disappointedly since we were the first fifteen of us shown over the building. By now we are becoming acquainted with the "lie of the land" and have overcome the lostness associated with new surroundings. Besides our own lectures and practical classes we attend Guy's Revision Physiology Lectures when these are held and also are invited to join them at their weekly Physiology Club meetings when a paper is read followed by a discussion. All joking apart I really think a very big thank you should be said to Guy's for the noble way in which they have helped us out of our dilemma. We really are extremely grateful and sincerely hope that the result will be our parting good friends. We would especially congratulate Guy's on their courage in admitting "domineering females" into the sacred precincts of their institution. Their chivalry to damsels in distress apparently overcame their natural inclinations.

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Clinical Notes for the FRCA

by Charles Deacon

Churchill Livingstone ISBN 0-443-05386-3

One of the few ways to make money from writing a medical book is to write a tome that has a guaranteed audience, especially if the target audience is prone to pre-exam panic attacks, to which book buying is a temporary salve. This has resulted is a plethora of books for every medical exam it is possible to sit, and the range of quality ranges from the good to the dire.

'Clinical notes' is one of the concise texts that are springing up, providing a high 'fact density' in a form that looks a little less intimidating than many books.

The book does what it sets out to do well, with a sensible layout and clear lists of data. The main problem with all books of this type, and this is no exception, is that there is not room to include clear explanations from a basic level. This leaves a lack of explanation of some of the important principles behind gas exchange, the circulation and anaesthetic physiology absent from the book. I have to point out, however, that the author states that a basic level of knowledge is required by the reader to allow room for coverage of all the important topics.

The chapters do indeed cover all the important areas needed for anaesthetists in training and, it has to be said, much that would be useful for others included in the care of very unwell patients. This covers ITU physicians and those looking after High Dependency patients. There is also much to recommend this book to those involved in teaching trainee anaesthetists.

In summary, 'Clinical Notes' does what it sets out to do in a clear and complete way. As a revision book it would be ideal, although it would be best used in conjunction with a larger reference book in order to provide clear explanations of basic principles and fill in the answers to the questions that this book will no doubt raise. I think it should be recommended to all those who are faced with the FRCA exams, and will be a useful addition to the library, even if it I bought in a panic a month before the exam.

Geoff Smith
SHO in High Dependency Medicine

Understanding Drug Treatment in Mental Health Care

Bond, A. J. Lader, M. H. Published by John Wiley & Sons, 1996. ISBN 0 471 96171 X

This slim volume, written by a Senior Lecturer in Clinical Psychology (AJB) and a Professor of Clinical Psychopharmacology (MHL) both from the Institute of Psychiatry, provides a concise and very readable overview of the main drug and psychological treatments currently used in Psychiatry.

In addition to chapters covering psychological aspects of psychiatric drug treatment, there is a chapter which provides a good explanation of the psychological principles behind prescribing patterns and patient compliance. There is also a chapter explaining the important aspects of neuropharmacology, including the relevant neurotransmitters, receptors, the pharmacokinetics and the phamacodynamics of drug treatment.

The remainder of the book contains a chapter on each of the major psychiatric disorder, anxiety, depression, mania, bipolar disorder, schizophrenia, drug and alcohol dependence. Each of these chapters begins with an explanation of the disorder, the symptoms, the drug treatment, side affects and lastly the psychological therapies. The relevant drug treatments for each disorder are covered in sufficient detail for the reader to be left with a good working knowledge of psychiatric drug therapy. It is unfortunate that this edition doesn't devote more space to psychological interventions, particularly those that have been proved to be as effective, if not more so than drug therapy in the treatment of depression and the delay of relapse in schizophrenia.

Despite this minor criticism, this book provides a useful up to date summary of drug and psychological aspects of mental health care. It will prove to be a useful source of information for all health professionals, not directly involved in day to day psychiatric prescribing, and perhaps also for medical students looking for a brief resume of psychiatric drug treatment.

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Ian Arthur Hoyle Munro

MBBS FRCP

Ian Munro was born in Bradford on 5th November 1923. He qualified at Guy's in 1946 and later he was to become one of the world's foremost Editors of a medical journal.

He first joined the Lancet in 1951 and continued working there for the next 37 years. When he died earlier this year, many excellent obituaries were written about him both in the national and the medical press. These are hard to match. Nevertheless, special recognition should be given to him by the Guy's Gazette for he gave much encouragement to Editors over many years and remained immensely loyal to his Alma Mater. Mark Powlson, a former Editor of the Gazette, also pursued a career in medical journalism and worked with Ian for a period at the Lancet. He contributes an appreciation of Ian's work.

Ian was a great family man and, together with his wife, Dr Olive Munro, gave huge support to their three sons and two daughters with their many enterprises and their adventures through life. They will miss him sorely. Although not following his sporting interests, his family accepted with good grace the time he spent on the cricket field and, indeed, as children, often participated with Olive as hosts to splendid after-match parties at their lovely home in Bayley's Hill. As a student at Guy's he was an athlete, winning the 440 yards and coming second in the 880 yards; a footballer, scoring two goals against St Thomas' when Guy's won the Hospital Cup - the second "with a crashing shot taken on the half volley"; and a resolute opening bat for the Ist XI. On his retirement in 1988, through the initiative of Stephen Lock, former Editor of the BMJ, Keynes Press published a book entitled "Swerving Neither To The Right Nor The Left: Essays To Honour Ian Munro". The title was not meant to describe Ian's bowling but was a quotation made by Lord Curzon on his leaving India. John Rees provided an article on his cricketing life, and writes again here.

George Scott

Ian Munro and cricket

True to his Yorkshire roots Ian was deeply attached to his cricket. As a student at Guy's he had been an all

round sportsman and was awarded blues in athletics, cricket and football.

The cricket he continued playing for his local village of Weald in Kent and for the Silhouettes, Guy's men who, in their cricket prowess, were "shadows of their former selves". The Guy's Gazettes of the mid 1940's are full of accounts of Ian's performances. Later his typical shot became a jumping backward defence which killed the ball dead in front of him, where he glared at it with deep suspicion as if it might dare to make another move. The glare may have developed with age bait the Gazette of 1945 noted in its account of the match against Public School Wanderers that "If only his defensive back play yielded one run instead of the ball dropping at his feet, then 74 might easily have been a hundred." However, in 1946 he enjoyed a purple patch at the start of the season reaching an average of 236 after his first three matches and "cutting and driving so forcefully as to cause considerable manual discomfort to many a fielder".

Friendly rnatches on the village greens of the south of England were approached with the intensity of Yorkshire league cricket, lan was renowned for his courteous rejections of hopeless Lancet papers but his observations on the eyesight and impartiality of some local village umpires were sometimes in stark contrast. He specialised in an aggressive forward short leg position where he could subject the opposition batsmen to an intimidatory stare and the occasional comment on their limited ability or good fortune. On and off the field lan became a friend to many generations of Guy's cricketers and their families. Even after he finished playing he continued to come to watch some of the Silhouettes and Weald games and having just become used to his absence from the pitch we will sorely miss his presence behind the boundary ropes.

John Rees

Ian Munro and the Lancet

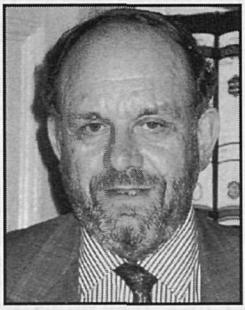
After service in the RAMC, Ian set out to pursue a career in radiology but his editorial skills were noted by the then editor of The Lancet, Theodore Fox, and he joined the staff in 1951.

In those days (and it has only very recently been changed), editorials and annotations were written anonymously; their identities are only recorded in a set of bound volumes within The Lancet offices. From these it is possible to see the enormous range and diversity of topics which Ian had to deal with - and were largely done longhand in a distinctive, precise and calligraphic style. Ian became editor of The Lancet in 1976 and continued to consolidate and enhance the prestige of the journal. He also worked extensively for other causes and was a tireless champion for the underdog, as was his reflected in his presidency of Physi-

cians for Human Rights UK. Ian was a rumbustious and powerful editor of The Lancet, and possibly most accurately reflected the spirit of The Lancet's founder, Thomas Wakley than any other editor to date. But it is unlikely that even Wakley would have practised his cricket strokes in the corridors of The Lancet (self-deprecatingly, Ian sometimes used to mutter that he had two strokes; a forward defensive and a backward defensive). Sadly, Ian's final year. at The Lancet, to which he had contributed so much for so long, was troubled by the financial difficulties of the parent organisation which necessitated the sale of the elegant Georgian offices in Adam Street and a move to Bedford Square and, subsequently after Ian's retirement, was sold on to another company. Nevertheless, as Ian would have been the first to point out, The Lancet is the only widely recognised medical journal that is not owned by an association of doctors; he always held it to be independent, and indeed the only independent general medical journal. When threatened by withdrawal of all advertising revenue by one of Europe's largest pharmaceutical companies after an editorial suggesting that certain additional products might not be cost effective. he said he would not give in to blackmail; he did not. Although not undisposed to review critically several other 'journals from time to time, and a somewhat less than enthusiastic participant in the International Conference for Medical Journal Editors, the affection and respect with which Ian was held within the field of medical journalism was reflected in the reception to mark his retirement kindly hosted by Stephen Lock of the British Medical Journal in the "whispering room". Ian observed that the acoustics of such a room should be in the armamentarium of any journal. A measure of the man is the fact that he was one of a few members of the MCC who resigned in protest at an apparent indication by the then government of South Africa that the presence on an MCC touring party of a coloured person might not be appropriate; the point was made, someone from the touring squad dropped out through injury, and it transpired that the place vacated went to the player in question. Unlike some others, Ian never reapplied for membership and the red and yellow tie was consigned to history; nevertheless he continued to support Yorkshire and was greatly looking forward to seeing the Ashes series this summer; sadly, that is not to be.

Mark Powlson

Laurence Anthony Usiskin



Laurence Usiskin, Senior Lecturer and Honorary Consultant in Orthodontics, Subdean of the Dental School, UMDS (Guy's and St Thomas's Hospitals) died suddenly and unexpectedly on April 1 1 th while travelling home from a meeting in Leeds.

He was 57 years old. Laurence was educated at Haberdasher's Askes and the Dental School of Guy's Hospital, qualifying in the Spring of 1962. He was one of the youngest students to enter Guy's where he entered wholeheartedly into student life, particularly the Boat Club. His was a vintage year - he and many of his colleagues became consultants, specialists and eminent practitioners who have made their mark on the profession. It was during this time that he met Sue, a delightful "red belt" dental nurse who was to become his wife. Following House Surgeon and Registrar posts at Guy's he went to the Eastman Dental Hospital as a postgraduate student in Orthodontics, gaining his Diploma in 1964. He continued to work at the Eastman both in the Children's Department and the Orthodontic Department, returning to Guy's in 1970 as Senior Lecturer in Orthodontics. He was awarded Honorary Consultant status in 1973. Not only was he an enthusiast for life in general but also for dentistry, in particular his chosen speciality of Orthodontics. This enthusiasm inspired his teaching, to the considerable benefit of generations of Guy's students. His administrative skills were brought to bear in setting up the undergraduate teaching programme in Orthodontics and maintaining the day-to-day organisation of the course, initially under Jack Tulley, then Bill Houston and most recently Murray Meikle. Laurence believed in the concept of the joint department and the importance of the care of the child as a whole. He enthusiastically supported the development of the parallel teaching programme in Paediatric Dentistry within the department, and gained the willing and grateful compliance of all his colleagues as the courses grew and developed to meet changing needs. We shall miss his guidance and support. Those patients fortunate to be under Laurence's care not only benefitted from his command of the subject but also from his skill and compassion as a clinician, they too have been deeply upset by his untimely death.

Another side of Laurence was revealed on those occasions when department morale was low, he always seemed to be able to lift our spirits. He was very much an anchor - it was a role he assumed apparently without effort and something which will be sorely missed.

He was much involved in the wider world of Orthodontics, away from Guy's. He was Chairman of the British Association of Orthodontists 1981-85 - a difficult job for someone who had not been in specialist practice, but he seemed to have a natural insight into the problems of working within the NHS regulations. He was Honorary Editor of the British Journal of Orthodontics 1986-91, an examiner in the D. Orth and M.Orth, RCS (England) examinations 1983-89, joining the first panel of examiners for the M.Orth, RCS (England) introduced in 1988. He was awarded an honorary M.Orth, RCS (England) in 1989. Laurence also contributed regularly to the Orthodontic literature and in 1992 received the Special Services Award from the British Society for the Study of Orthodontics. He took a full part in the newly formed British Orthodontic Society and was a member of Council and Chairman of the Scholarship and Awards Committee.

In 1991 he was appointed Sub-Dean of the Dental School - this was an inspired appointment. He brought his own special qualities to this onerous task - representing the Dental School on many committees either with, or on behalf of, the Dean, Frank Ashley always with the thoughtful and helpful comment, ever mindful of the welfare and well-being of the students and of his colleagues. Above all, it mattered to him that things were done properly, that the sensibilities of the individual were not overlooked whilst maintaining the basic correctness of what was to be done. He was also very keen to ensure that the students understood the responsibilities inherent in assuming the "professional" mantle.

Laurence's skills as an administrator were much in evidence in his Sub-Dean's role. The annual Clinical Day ran like clockwork thanks to him and his loyal band of student volunteers - an organised, well-knit and effective team, all determined not to let him down. The annual Graduation Ceremony held in Southwark Cathedral was also an occasion for his direct involvement and his attention to detail - many of us will remember him in the pulpit announcing the new graduates and prize winners, marvelling at his phonetic ability!

Laurence was a Traditional Jew whose faith was an extremely important part of his life. His enormous contribution to his synagogue and local community was a source of great comfort and satisfaction to him. The very large attendance at his funeral was a poignant reminder of how much he was appreciated and by so many. Although the rabbi reminded us that it is the qual-

ity of a life that is important not the quantity, can we be blamed for wishing that the quantity could have been greater when the quality was so special?! The balanced view that Laurence brought to the world around him, and his sense of duty to his fellow men and women, were an example to us all.

He had a wide interest in the theatre, music and opera and was a committed gardener. Latterly he and Sue purchased a cottage in Suffolk, a haven to which they could escape and relax. Even there he helped with village affairs and a plaque in the form of a Star of David is to be placed in his memory outside the church.

Laurence was a man of integrity who rarely spoke ill of others. He was a true colleague, a genuine and constant friend and above all a wonderful human being - kind, generous and deeply caring. His pleasure in, and enthusiasm for, life was infectious, a tonic to us all. To have been able to work with him and count him a friend has been a great privilege. His untimely death has caused consternation and dismay among all who knew him and we are much the poorer for his passing.

Throughout their life together, Laurence was supported by his beloved wife, Sue. To Sue and their children, Helen and Michael, their grandson Liam, and all the family, we extend our love and deepest sympathy.

PL, RM, WGW

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THE VIEW FROM OVER HERE...

New Labour... I was 9 when the Labour Party last ran the country, and all I remember is days off school due to a lack of heating oil (some strike or other). Now, after 18 years of Tory control, Mr Blair and his large group of virgin MPs are milling around Westminster creating new and visionary policies. Virgin MPs... that sounds like a Richard Branson plug...

One of the questions that gets debated in Doctors messes around the country is whether any of this will make the slightest bit of difference... Certainly it seems a little likely that we will be worse off, but this has to be balanced against the gains that it is promised the NHS will undergo... we live in hope.

Back at the workhouse, there is a general mood of elation about the Labour Landslide... even that sour ward-sister on Benson & Hedges Ward smiled at a House Officer today... allegedly ! The ward itself is part of the old governments Private finance initiative (PFI) - Yep it is a respiratory ward (well thank the Lord it is not Oncology) and below every sign bearing the ward name someone has stuck little 'Smoking kills' sticker. To date no one has owned up to this. Most are blaming the students (Rag week finished recently), but I reckon the Chief Medical Officer has been sneaking round at night.

Of course this sponsorship of hospital wards is nothing new. Most of the older hospitals were funded by charity, and the city hospitals still bear the names of the big companies that paid for them - Doulton at St. Thomas' and Rothschild at the Royal London to name but two, clearly PFI is not such a new idea after all.

Talking of Richard Branson (Oh yes we were, top of the page) As I was wandering around town the other day I noticed another bit of the 'Virgin takes over the world' commercialism taking shape. The lurid orange of the Royal London's helicopter ambulance (HEMS) has been replaced by a rather more sedate deep red, with, yep you guessed it, VIRGIN emblazoned on the side. Given Mr. Branson's record with small aircraft and hot air balloons I'm not sure this is as comforting as it could be!

This is an idea that may grow I reckon Mr. Branson should sponsor other departments.. what about GU medicine or obstetrics - He could go one better than Benettons new born baby ad by having 'Yet another Virgin birth' underneath.

Paul Cable

Please Note: Benson & Hedges ward doesn't really exist. It was an idea used in the name of satire. The editors take no responsibility for the use of a registered trade mark. If you are going to take legal action, sue Paul Cable's butt not ours please

The Legal Department

NURSING NOTES

'I want to be a Nurse'

These were the words whispered in the stillness of her home by Dorothy Moriarty to her mother. She had recently been discharged from the hospital of St John & St Elizabeth in North London following an operation for appendectomy, at the time when this was a fashionable operation; indeed the coronation of King Edward VII had been postponed not so long before on account of his appendicitis. So you can understand the period of which I am writing. At this time, and when the First World War came, shortly after, many young women sought out their duty to the country to either train as a nurse or work as a VAD (Voluntary Aid Detachment - or as one old lady involved at the time translated it for me 'virgin and desperate'!). There are many accounts of this period; a recent television programme depicted the horrors and trauma faced by these young women, and how they 'survived' - no counselling then - and many books, such as Vera Brittain's Testament of Youth, have described these years. But Dorothy Moriarty in her fascinating memoirs of a nurse, just entitled Dorothy including an introduction by Edwina Currie, did not go to the war front. She trained as a nurse during the First World, at University College Hospital. Here she was interviewed by the Matron in a very formal manner, but far from what we would think of as a 'proper' interview today. She described the matron as having the appearance of someone who might have stepped straight out of a Rembrandt portrait. She was asked the question we have all been asked at the commencement of our nursing careers: 'Why do you wish to train as a nurse?'

Always a difficult question, because one is aware of how trite an answer can be, yet something tells us that how we can appear a little too holy to be quite the real thing. Dorothy's answer was quite appropriate: 'I want to do something worthwhile, and I feel I would like to look after people and learn to do it properly'. I can't remember my reply when asked this, or a similar question many years ago, but I suppose it must have been on somewhat the same lines, although I cannot recall adding that I wanted to learn to do it properly ! The Matron quickly added to Dorothy, 'you will start with a salary of eight pounds per month ... you will get your final certificate at the end of the third year ... pay the hospital the sum of thirty pounds and leave as a trained nurse'. In other words at the end of her training, if my arithmetic is correct, Dorothy would be six pound worse if than when she started! When I started training I don't recall any mention of pay at first interview, although, I certainly came off better than Dorothy. As she writes, the word 'exploitation' was hardly a part of her vocabulary: similarly, I recall only 'vocation' and 'dedication' even many years later than the time

Dorothy trained as a nurse. She recalls, with humour, her early embarrassment at bed bathing an old man: there was a problem area somewhere between the hairy old chest and the toes! Another area Dorothy writes about concerned her ignorance of lesbianism, as a result of her sheltered upbringing. After she had trained, she was working at a private nursing home in Baker Street. 'Queenie', another nurse who shared a bedroom was soon shunned, and forced Dorothy to leave, the moment she threw her arms around her when she crawled into Dorothy's bed. Dorothy's knowledge about the war and the rising movement for the emancipation of women was limited. There was no television or radio, and the probationer nurses had little time to read newspapers. So, apart from the appearance of names known to them on the casualty lists, the outside world made little impact.

When Dorothy was awakened to the delights of love, she was rather unprepared. It was, of course, a patient; he was a soldier who had returned injured from the fighting front. But she gives a beautiful description of how their affair was conducted in the clandestine way in which romance often had to grow in those days.

What strikes me about the restrictions imposed on Dorothy by her senior nurses and the conditions, was their similarity with the days in which I trained, even though this was many years later. It seems, the biggest changes have taken place in the most recent of times, altering the nursing concept completely, changing it into the modern profession we now know.

Denis Cobell

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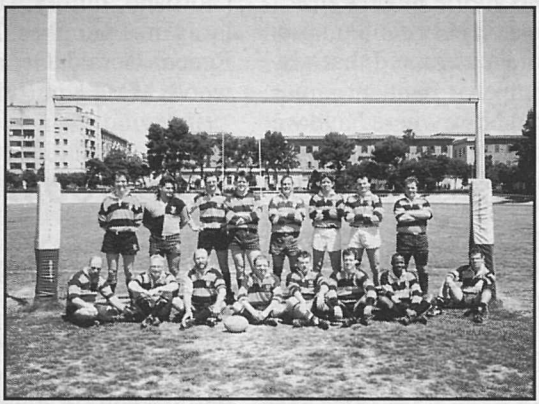
NAPLES 1997

Thursday before the late May bank holiday weekend saw the departure of an experienced Guy's touring party on their annual venture into continental Europe.

A small delay was experienced at Naples airport where the tour organiser was detained by customs and strip searched on suspicion of carrying drugs. Apparently most international drug smugglers dress in Guy's blazers these days. He was found to be carrying drugs: ibuprofen and paracetamol for personal use and lignocaine 2% for the team's suture kit. Let off by customs, "Lucky Mick" rejoined the tour party which was transported into Naples for an evening exploring the town. We were billed to play the Italian army early the next morning. The army rugby is semi professional and were about 40 in number and we played them all. They are young, fit and train regularly together.



G.H.R.F.C. Senior Players

On the other hand, the Guy's squad numbered 16 playing members one or two of whom looked a little jaded after the previous night's festivities. We were soon to see a demonstration of 15 man running rugby. Sadly we were not the team giving the exhibition, and we went down 50 points to 7, our try being scored by our own army man, Captain "James" Combes. It could have been a lot worse, had the Italians' ball handling not let them down. We moved on from Naples along the beautiful Amalfi coast, stopping at a was able to acquaint beach for lunch, where Pat Davis was able to acquaint himself with a bottle of Pernod. We then settled for a two day stay in the resort of Maiori. Here we were able to dine well and enjoy the beach, the castle, and the "Tour d'Italie" cycling race that passed through amid much pageantry. Saturday evening involved a visit to Positano, with its ancient Moorish terraces for a superb fish supper before returning via a night-club hewn out of the rock. Here Keith Underwood, dressed

in his black PVC pants and with peroxide hair and claiming to he the lead singer of a well known punk band took a great interest in the lanky D.J. who turned out to have slightly different chromosomes than her appearance would suggest. Sunday morning we visited Pompeii which ranks alongside Ephesus as the most impressive ancient ruins in the world. According to Tacitus there was great rivalry between neighbouring towns and this often manifested itself at the games and gladiator contests in the huge arena at Pompeii. At a match between Pompeii and Nuceria violence erupted that was so severe the emperor banned games for several years. Now where have we heard this story before? Sunday afternoon saw a superb Guy's performance against Naples University. The team played with a fire and passion that had been absent in the previous game. Hard tackling from the forwards produced a supply of ball allowing Vince Gradillas to set his backs off on penetrating runs. Good recycling of the ball in the second phase allowed some fine tries to be run in by Gibson, Giordano, Combes and Allan. Good defence in the later stages of the game frustrated the opposition and Guy's ran out eventual winners 44-39. The last evening began with a team dinner in an excellent pizzeria before beginning an evening of adventure around Naples. As the night clubs closed one by one, we moved on to pastures new by taxi. Mike Reece managed to persuade the taxi drivers that it might be financially prudent for them to race each other, which they willingly did. You know what they say about Italian drivers? Well it's all true. I would like to thank Pasquale for his hard work in ensuring the tour was such a success and thoroughly enjoyed by everyone.

Tour Party: Mick Martin, Terry Gibson, Malcolm Battin, Dave Gibson, Chris Howell, Dave Ferns, Dave Evans, Pat Davis, Rob Weir, Pasquale Giordano, Jimmy Allan, Vince Gradillas, Jamie Combes, Hugh Jones, Mike Reece, Gerald George, Keith Underwood, Mark Kinirons.

MJM

Ballroom Dancing

Medicine is a difficult subject to categorise; solidly founded in the natural sciences, it relies on the social sciences in the clinical setting and is seen by many of its practitioners as an art form. Ballroom and Latin American dancing experience similar difficulties of definition; at the highest level it has been admitted as an Olympic sport, it is undoubtedly artful and is trapped by negative imagery in an uncomfortable region of leisure activity which neither sporting nor arts bodies are willing to fully accept.

In the minds of many people Ballroom & Latin American dancing carries one of two stereotypes: the first is of Elsie & Doris at a tea dance in Eastbourne, the second is of BBC's Come Dancing. Whilst both of these images are to a certain extent true, like any stereotype they are far from the whole truth. Ballroom & Latin American dancing is a fast growing activity among young people, fuelled by films such as Strictly Ballroom & Dirty Dancing, and by dance crazes such as Salsa, Lambada & Ceroc.

The University of London Union Ballroom & Latin American Dancing Society (U.L.U. - B.A.L.A.D.S.) is one of the largest societies in the university, boasting around 400 members. It is an activity that particularly attracts science students and medics - in the '96-'97 academic year 15% of the membership came from UMDS. This is reflected in the University of London team where over a third of members are medics, dentists or related students. Interest at UMDS was so great this year that special classes for beginners were started in St.Thomas's Shepherds Hall to cater for the large numbers of students wishing to take part.

Although the social side of the club is very important the decision was taken 2 years ago to try and build the University of London team into a fully competitive side. This was achieved by taking on 2 full-time coaches and begging for practice space from the constituent colleges - UMDS has kindly allowed us use of the Ballroom at Guys throughout this time, which has contributed significantly to our progressive improvement.

University Ballroom dancing takes place mostly during the Winter & Spring with several 'social' events and championships at Southern & National level. Teams of 4 couples (1 couple competing in Waltz, 1 in Cha Cha Cha, 1 in Quickstep & 1 in Jive) are entered into A, B, C & D categories to compete against other universities. Couples for each dance are entered into heats and judged by 5 - 7 professional judges on combination of technique, style, and the elusive Ballroom/Latin 'look'. Points are accumulated both individually and for the team such that even as part of a weak team, individual couples can do well.

The University of London hosted the National Championships on 8 March at Watford Colosseum. After a day memorable for the friendly atmosphere the team was rewarded with A-team 3rd= (with Cambridge) B-team 4th C-team 1st. This was followed by significant individual successes at the Intercontinental Dance Festival held in Osmington Bay, Dorset over the Easter period. Throughout the competitions London couples were highly placed against strong competition with students from other UK universities, Canada, Germany, USA & Malta.

During the year ULU - BALADS has been able to contribute £250 to the Guys Evelina Children's Hospital Ap-

peal & £80 to Tommy's Campaign through fund raising events.

It is hoped that in the coming year the University of London team will continue in its upwards spiral with even higher placings at National level against other universities, at an individual level in open competition, and with an expansion of social classes to offer more people the opportunity to experience dance-sport. Perhaps the University of London Union will even follow the example of the Oxford University 'Blues' committee by awarding 'Purples' to its increasingly successful Ballroom & Latin dancers, when the team is re-classified as a sport later this year. We look forward to a continued close relationship with both UMDS and Guys & St. Thomas's NHS Trust.

Derek Hicks
(Team Capt.)

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MEDICAL DRADUATES

Congratualtions to the following students who qualified for MBBS (London) in June 1997

ADDY, Niifio
AFRIDI, Miss Shazia Khan
AHMED, Miss Ayesha Ali
AL-SALIHI, Omar Nejdet
ALLEN, Miss Elizabeth Kathryn
ALLEN, Steven David Beano
ALONZI, Roberto
ANDERSON, Miss Arucha Linda
ARNOLD, Steven James
ASTRUC, Miss Dominique Marion Nicole
ATKINSON, Miss Sarah Helen
AUPLISH, Sunil
BAIRD, Richard Douglas
BALOCH, Mohjir Shahnawaz
BANI, Rashid Habib
BARKELL, Miss Eleanor Margaret
BARROS D'SA, Miss Vivienne Frances
BARWELL, Julian Grosvenor
BEJON, Philip Andrew
BHOWMICK, Miss Bidisha
BISWAS, Miss Seema
BLACKIE, Philip John
BONSALL, Adrian Mark
BOULD, Miss Emma Jane
BULTITUDE, Matthew Frank
CARTER, Jeremy Richard
CHAN, Martin Zen Bond
CHAU, Miss Noan Minh
CHILD, Miss Caroline Marianne
CLEANTHIS, Telemachos Marious
CONNOR, Philip Peter
COX, Miss Pippa Marie
DARKE, Miss Katrina Frances
DASTUR, Neville Behram
DAVIES, Christopher Rowland
DAVIES, Miss Claire Louise
DAVIES, John Sturge Russell
DE SILVA, Miss Pinnaduwage Chulanie
DEANE, Alexander Michael
DEWAR, Donald John
DIAS, Aruna Sanjiva
DIDEHVAR, Miss Roxana
DILLON, Miss Marianne
DIXON, William Gregory
DUFFY, Shane Patrick
EL-DARS, Miss Leila Dalia
EMBLEY, Craig
EVANS, Ceri Gwynfryn
FAROOQI, Fahad Masood
FARRUGIA, Miss Philippa
FEUERSTEIN, Joseph Stephon
FIRTH, Oliver Michael
GANGOLI, Sameer Vivek
GIBBS, Richard Henry
GOSSAIN, Miss Sunita Rani
GYAWALI, Pranab
HABIB, Miss Shereen
HARDY, Miss Julie
HAYDEN, Paul Graham
HEAD, Miss Julia Elizabeth
HOANG, Triet Minh
HOLIDAY, Miss Sian Kathryn
HORTOP, Miss Sarah Elizabeth
HOSKINS, Miss Sarah Louise
HUDSON, Miss Sonia Jane
HUGGETT, Robert John
HUGHES, Simon Richard
IRVINE, Miss Tracey Elizabeth

JAIN, Miss Susan Sumita
JANSEN, Jan Olaf
JHA, Saurabh
JONES, Miss Sophia Megan
KAPSE, Miss Anamika Anil
KAYANI, Riaz Mustafa
KHANDHADIA, Samir Dwijendra
KULSHRESTHA, Randeep Kumar
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MARSHALL, Nicholas Benjamin
MAVRIDES, Miss Helen
MAW, Miss Anna
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MEIKLE, Miss Katharine Isobel Laura
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MTANDABARI, Thomas Martin Richard
MUKHOPADHYAY, Miss Nandini
MUNDRAY, Miss Sunita K
MUNRO, Miss Kirsty Janet Georgina
NAIR, Sunil Viswanathan
NAZIR, Miss Farah
NEERKIN, Miss Jane
NENE, Siddharth Anil
NICHOLSON, Miss Lucy Mary
NICHOLSON, Paul Timothy Warburton
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OFFSIDE, Marlo Jeff
ONG, Eugene Mun Wai
PARKER, Andrew James Russell
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PATEL, Miss Deepal Arunbhai
PATEL, Sanjiv Kanubhai
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PERKIN, Daniel Simon
PINNER, Jason Roderick
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POPAT, Rakesh Batuklal
POYNTER SMITH, Paul Nicholas
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REEVE, Miss Samantha
ROGERS, Martin Christopher
RUSHBROOK, Simon Matthew
SAFAR, Bashar
SEAH, Miss May Ai
SELWOOD, Miss Ruth Yvonne
SETHNA, Miss Farah Fatma
SETON-JONES, Miss Catherine May
SEXTON, Miss Debra Caroline
SEYMOUR, Matthew Wadham
SHAH, Miss Rupal Ashokkumar
SHAH, Shaheen Pravin Khimji
SHARMA, Miss Monica
SHARMA, Pankaj
SHARP, Edward Marcus Fitzroy
SHELDON, Miss Nina Charlotte

SHELLEY, James Charles
SIMCOCK, David Ewart
SINGH-RANGER, Gurpreet
SINHA, Rajesh
SITHAMPARAPILLAI, Miss Sivaja
SIVAGNANAVEL, Miss Vasuki
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SOUTHCOTT, Miss Joanna Eve
STEELE, Gavin John
STENNING, Matthew James
STEVENSON, Carl Andrew
STREETEN, Miss Naomi Clare
STROUTHIDIS, Nicholas Gabriel
SUBRAMANIAN, Ashok
TALWAR, Anjay
THORNTON, Miss Vanessa
THRIPPLETON, Miss Lucy Kate
THURSBY-PELHAM, Brian Edward
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WILLIAMS, Andrew P-P
WILSON, Hugo Oliver
WOLFE BARRY, Miss Juliet Alexandra
WOODS, Miss Sian Rachel
YEUNG, Miss Tsz-Shan Valerie
YU, Miss Kam Hung Christina
ZOLFAGHARI, Seyed Parjam

The Colonnade Guy's Hospital

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It is easy to join the Friends. You do not need to be an ex-patient, although many of our members are. The minimum subscription is £1.00 a year but EXTRA DONATIONS are greatly appreciated. Cheques and postal orders should be made payable to "The Friends of Guy's Hospital" and should be sent to: The Secretary, The Friends of Guy's Hospital, Guy's Hospital, London, SE1 9RT. (Tel. 0171 407-1058). Contact the Secretary if you require information regarding DEEDS OF COVENANT or LEGACIES.

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- Blood pressure recording machines for the wards
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- Auditory-evoked potentials system for investigating hearing thresholds in difficult-to-test patients and in neurological dysfunction

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

Charity Registration No. 264150

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Gazette

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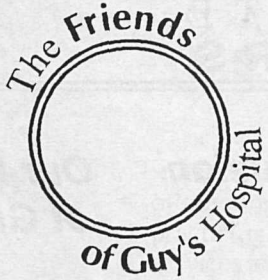
Passim

We are truly now in a time of monumental change. This September sees UMDS students living with Kings students in shared halls for the first time in our new halls of residence at Great Dover Street. Next year we may even see the first Kings College Students actually being taught at the Guy's site.

The site itself is also in a period of major change. As we watch Hunts House and its surroundings being systematically pulled down to make way for a variety of departments and UMDS teaching facilities. We quite rightly assume that the wards being lost will be moved to the Guy's Tower or to the lavish and recently opened Thomas Guy House. But alas, as the recently released business plan spells out, New Guy's House is to be 'Mothballed' and eight floors of the tower to be left empty. This is whilst £50 million is to be spent on the development of a Women and Children's Hospital on the sight of St Thomas' House and Riddles House at St Thomas' Hospital. How strange it seems to us at Guy's to spend this amount of money replacing services that already exist here at London Bridge. In addition there is the fear that Thomas Guy House may not be used to its full potential and may face further changes to its original planned use.

On the home front the reigns of the Gazette have also changed this Autumn with the Chairmanship of the Gazette passing from Dr R K Knight to Prof S J Challacombe. We would like to congratulate and thank wholeheartedly Dr Knight for his commitment and dedication to this Gazette during his time as Chairman; a time which has seen turbulent change throughout.

Welcome also to the new intake of first years, both medics and dentist. We look forward to hearing your views through the Gazette especially as you may be the last generation of students to join an independent Medical and Dental School. Thinking positively, we must of course look to the future and rise to meet the challenges ahead while maintaining the honour and dignity of our great hospital.



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In recent times we have provided:

- £15,000 for UMDS Research Committee
- Complete refurbishment of the Department of Respiratory Medicine in Thomas Guy House
- Surgical microscope for Unit of Endodontics in Restorative Dentistry

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

Campaign Confusion

Dear Sir,

Tommy's Campaign is not, as implied in a letter in last edition, the St Thomas' Hospital charity.

Although we have always had, and hopefully, will continue to have a very close association with the hospital, we are entirely independent. Since 1992, Tommy's Campaign has funded medical research projects onto the causes of premature birth, miscarriage and stillbirth and now supports research work in institutions throughout the UK. Very recently, we moved out of our offices on the seventh floor of St Thomas' to 1 Kennington Road, London SE1 7RR. I hope that this puts the record straight and will enable us to avoid any similar confusion arising in the future.

Yours sincerely

Annabel Christie
Head of Public Relations,
Tommy's Campaign

Our First Experience of Guy's - Explained

Dear Sir,

It was indeed a pity that the item "Our First Experience of Guy's" in the last issue should have been printed without any explanation of the circumstances or even the date of the incident.

This occurred in 1944 after the Royal Free Hospital - then the London School of Medicine for Women - had sustained a direct hit from a V1 Flying Bomb. As a result their preclinical students were temporarily transferred to other London teaching hospitals, one of which was Guy's - until then strictly an all-male preserve. The article describes their reception by one of those students.

I am afraid that you must have had more than a few rather puzzled readers.

Yours sincerely

Hugh M Baird

50 years of Guy's Women

Dear Sir,

This coming October sees the 50th anniversary of the first intake of woman students to Guy's Hospital.

At that time I was a Junior Dresser to Sir Heneage Ogilvie and used to contribute topical cartoons to our student magazine, 'Pulse'. I still have a number of the originals including a special one in full-colour to mark that historic occasion.

Enclosed is a reduced copy which may be of interest to readers. I wonder if any still recall that momentous occasion? (see inside back cover)

The cartoon symbolises the reception of the first lady student being welcomed by the then Hospital Superintendent, Professor T B Johnston of Gray's Anatomy fame. Surrounding are some of the medical school staff including Professor W R Spurrell (physiology), Dr Hazelwood (biochemistry) and the unmistakable Dr E Boland, later to be the hospital superintendent. Others include Dr P F M Bishop (endocrinology) and Dr J Whillis, later to occupy the chair of anatomy. Some of Guy's worthy sons survey the scene from above including Richard Bright, Thomas Addison, Sir William Gull, not forgetting the most famous - John Keats, the poet.

I shall be delighted to hear from any of my former colleagues. I am still practising in the capacity of locum services and my name has found a place in New Zealand's 'Who's Who'!

With warm regards from the antipodes.

Yours sincerely

John C Jelleyman
Guy's 1945-51
5 The Oaks
Ellerslie
Auckland
New Zealand

Bed Making

Dear Sir,

I have been married to a Guy's trained SRN (50-54) for 42 years, and still have not learned to make beds to her satisfaction!! (Hospitals corners etc.)

Am I alone?

Yours sincerely

Vernon Rice

A New Era in Healthcare

The newly opened Thomas Guy House looks set to revolutionise patient care. The site is four times larger than Hunt's House, housing general and specialist outpatient clinics, a day surgery and an endoscopy unit. It also boasts the full support of up-to-date technology, diagnostic and support facilities. The services of the 112 inpatient bed building are strongly directed towards the development of planned care. For example elective inpatient beds will be protected by the trust to avoid cancellation of admissions as a result of emergency admissions, specifically for Orthopaedic, Urology, and General Surgery specialities.

The official list of services to be housed is as follows:

Anticoagulation, Cancer and Cardiac services, non-invasive cardiac investigations, Chiropody, Day surgery, Dermatology, Diabetes and Endocrine centre, Diuretics, Elderly day hospital, Endoscopy, ENT, Friends of Guy's, Gastroenterology, General Medicine, General Surgery, GU medicine, Gynaecology, Intensive Care, Neurology, Obstetrics, Occupational therapy, Ophthalmology, Orthopaedics inpatient and outpatient wards, Pain Management, Paediatrics, Paediatric gait analysis laboratory, Pharmacy, Physiotherapy, Renal, Renal pathology, Respiratory Medicine, Speech and language therapy, Stomatherapy, Surgical appliances, Thyroid, Urology inpatient and outpatient wards.

Also housed alongside these facilities are the UMDS Postgraduate Centre, Departments of Medicine, Molecular Immunogenetics, Radiological Sciences, Psychiatry, Asthma and Allergy, Clinical Sciences, and Student Counselling. The Lewisham and Guy's Mental Health Trust also have wards and clinics.

Jason Roach

Donate blood to yourself?

Although the news section is normally devoted to Guy's issues, this new development seems set to affect patient care around the world.

Autologous blood transfusion refers to the use of the patient's own blood for reinfusion following or during surgery. Although this is not a new idea, and is already a first choice option in the USA and Germany, the trend only now seems to be hitting the UK and Europe.

Autologous blood can be used in several ways. Pre-deposit is when blood is collected from healthy patients in weeks prior to surgery and stored for reinfusion during surgery. Acute Normovolaemic Haemodilution is a procedure in which up to three units of blood

can be taken from the patient just before surgery and replaced by plasma expanders to maintain total blood volume, being returned either intra or post operatively. Intra-operative, and Post-operative salvage see blood collected from the surgical site during or just after an operation respectively, washed with saline and the red cells returned quickly to the patient.

These techniques avoid problems of normal blood transfusion such as the decreasing numbers of donors, the risk of infection, the short shelf life of donor blood, and the decreased ability of the blood to transport oxygen within 8-14 days due to depletion of the enzyme 2,3-diphosphoglycerate (2,3-DPG).

Such techniques will eliminate the risk of disease transmission, the need for cross matching, and the suppression of the immune system that occurs with normal transfusion. All these factors should reduce the amount of post-operative care required, potentially significantly shortening length of hospital stay. These techniques would also be particularly relevant for patients with rare blood groups or those with religious objection to receiving another patients blood.

Jason Roach

Next Month in The Gazette

We hope to bring you more upto date news on the following aspects of Guy's and the lives of the people at Guy's.

- The end of an era for Hunt's house and the future of the new building
- The success of Fresher's week and views of what life at Medical School is all about from our new students
- News of developments in clinical research at Guy's
- And hopefully responses from clinicians working in the new Thomas Guy House

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Guy's Characters

John Hilton (1805-1878)

Although not to be ranked with the greatest names on the staff of Guy's, Hilton well deserves to be remembered by our students if only because his beautiful dissections formed the subjects of the Joseph Towne's wax models which we admire in the Gordon Museum. John Hilton was born in the little village of Sible Hedingham in Essex. His father was engaged in the straw plaiting and brick making business and the family was of moderate means. Little is known of John's students days except that he came to Guy's Hospital in 1824 at the age of 19. Guy's had shortly before been founded as a medical school independent of St Thomas's, which at that time was situated on the opposite side of St Thomas's Street. In 1828, at the age of 23, Hilton was appointed Demonstrator in Anatomy, the second to hold that post. First was Edward Cock (see Guy's Gazette vol. 110 pg 412). His meticulous dissections and his interest in the subject earned Hilton the nickname of 'Anatomical John'. Just a couple of years before Hilton's appointment a young man called Joseph Towne had been appointed modeller to the hospital, a post he was to hold for the next 53 years. Hilton performed a series of dissections which Towne was to perpetuate in wax. The dissections were performed with amazing attention to detail; sometimes a two hour stint would result in the preparation of an inch or two of tissue with each minute structure displayed. When the whole part was completed it would be passed to Towne for modelling. Remember, these were the days before beautiful colour atlases and well illustrated text-books were easily available to the student, so that these models must have been of immense teaching value then - as indeed they are at present. In those days Anatomy and Physiology were taught concurrently and Hilton's approach was always influenced by teleological considerations. He enunciated "Hilton's law", which states "the nerve which runs over a joint

'His meticulous dissections and his interest in the subject earned Hilton the nickname of 'Anatomical John'.'

supplies the skin over the joint, the joint itself and the muscles which supplies the joint". He named the maxillary artery, "the artery of mastication" since it supplies the structures which are involved in that process. In 1844, Hilton was appointed Assistant Surgeon to Guy's and the following year Lecturer in Anatomy, a post he held until 1853. For many years he lectured on Anatomy each afternoon at 2 o'clock. In 1849, he became full surgeon, he retired in 1871 and died in 1878 of cancer of the stomach. Hilton's career as a surgeon was in the days before Listerism and antisepsis, his early days being even before anaesthesia so he was typical of surgeons of that period. He was a broad stocky man, brusque in manner, hardworking and believed in calling a spade a spade. On one occasion a student presenting a case said "the vomited matter was not stercoraceous". Hilton said "I presume you mean the vomit had not the smell of dung". He insisted that the students should write full notes on their patients and attend to the smallest details of their dressings. He was not a brilliant operative surgeon but was careful and attentive to detail. His approach to a surgical problem was one of caution and he was slow to resort to the scalpel. This thoughtful approach is reflected in Hilton's method of opening an abscess, and his technique is still used today. Here is his descriptive in his book "Rest and Pain", which was published in 1863 and since this time has appeared in numerous editions; it is still well worth dipping into today:- "Some surgeons when speaking of deep abscesses say with rash confidence "plunge in a knife". Is it not a grand term - "plunge a knife into a deep abscess"? It is not a courageous plunge for the surgeon, for it is without danger to himself while perhaps it is a fatal stab to the patient. Some more careful surgeons say "wait until the abscess comes nearer to the surface so that it can be opened without danger", but the patient may die in the meantime. Now the plan I have been in the habit of adopting and recommending is this - in the case, of opening a deep abscess in the axilla - cut with a lancet through the skin and cellular

'He named the maxillary artery, "the artery of mastication" since it supplies the structures which are involved in that process.'

'Hilton said "I presume you mean the vomit had not the smell of dung".'

tissue and fascia of the axilla ... at that part we could meet with no large blood vessel ... then push a grooved probe or grooved director upwards into the swelling into the axilla; and if you would watch the groove in the probe or director as it is being passed up through the comparatively healthy tissues into the axilla, a little stream of opaque serum or pus will show itself. Take a blunt (not a sharp) instrument, such as a pair of dressing forceps, and run the closed blades along the groove in the probe or director into the swelling. Now opening the handles, you at the same time open the blades situated within the abscess and so tear open the abscess... in this way you may open an abscess deep in the axilla, or in other important parts of the body without fear of inflicting any injury upon the patient. Having being connected many years with a large hospital, I have necessarily had good opportunities of trying this method. During this time I have not opened a deep abscess in any other way, and I can say, honestly and truly, that it has never failed and that I have never observed any inconvenience from it". I think these words illustrate what a great teacher Hilton must have been and Casualty officers, opening a deep abscess in the A & E Department, should say a silent prayer of thanks to John Hilton of Guy's Hospital.

'"Some surgeons when speaking of deep abscesses say with rash confidence "plunge in a knife"... Is it not a grand term..."

Harold Ellis

Lots in a Name

History of the buildings that make up Guy's Hospital

The Editor has suggested that, as there are now probably many people at Guy's, both staff and students, who are unfamiliar with its history, it may be of interest to write about some parts of the hospital and how they derived their names.

Since the bridge from the station forecourt across St Thomas' Street was erected and, more recently, workings connected with the Jubilee Line extension have closed the road below, most people now enter the grounds of the hospital and medical school from Great Maze Pond, Comparatively few come through the gates into the front quadrangle. The main entrance to the hospital used to be from St Thomas Street and people would walk or drive from the direction of the Borough High Street.

Until the middle of the last century the eastern side of the Borough High Street, south of London Bridge, was dominated by the main entrance to St Thomas' Hospital. Currently all that is visible is what was its south wing, now the Post Office. Turning into St Thomas' Street, the most striking building on the north side is the Chapter House of Southwark Cathedral, once the Church of St Thomas. Behind this, part of the south wing of the old hospital is still visible. A survey of the premises in the early 1950s revealed, much to everyone's surprise, a large amount of space which could not be accounted for. A wall was broken down, revealing an intact but very old operating theatre originally connected to the women's ward of St Thomas'. Largely due to the efforts of the late Lord Brock from Guy's and Mr Norman Barret from St Thomas', funds were raised and the old operating theatre restored. It is now open to the public, approached by narrow winding stairs, and is well worth a visit. The space also comprises the roof of the Chapter House, formerly a herb garret and used by the apothecary to dry his herbs which would then be made into the relatively few medicines available at the time. This is now a

'A wall was broken down, revealing an intact but very old operating theatre...'

museum showing the herb garret, an interesting collection of surgical instruments and an exhibition of the old Evelina Hospital.

Next to the Chapter House is a beautiful Queen Anne doorway which passes under what was the Treasurer's House. This was the side entrance to St Thomas' through which staff and students passed to and from the inner court. The buildings east of the Treasurer's House were for other members of the hospital staff and at the far end were stables. These fine Georgian buildings are now collectively called Mary Sheridan House in memory of Dr Sheridan, a leading pioneer in the field of developmental paediatrics.

Thomas Guy, born in Bermondsey, became a wealthy bookseller in the City of London and a Member of Parliament. He was a Governor of St Thomas's Hospital and a close friend of Richard Mead a distinguished physician there. Guy undertook many acts of generosity including paying for two wards of the hospital and the front gates. He was aware, partly no doubt because of conversations with Mead, that there was a shortage of beds and, like the present day, there were many acutely ill patients for whom it was difficult to find accommodation. In those days, although many patients admitted to hospital died, some were able to go home but others required a longer stay. Guy saw the need for another hospital which could provide care for them. Thus, in an act of great munificence, he paid for the building of a new hospital on the other side of St Thomas's Street, and left in his Will the greater part of his remaining fortune to provide for its upkeep. Guy's Hospital was completed in 1725, a year after its Founder's death,

'Thus, in an act of great munificence, he paid for the building of a new hospital... and left in his Will the greater part of his remaining fortune to provide for its upkeep.'

On the south side of St Thomas's Street, before reaching Guy's, are some interesting buildings. A row of restored Georgian properties was for many years the residence for senior nursing sisters at Guy's. This was known as "Number 8" although it actually comprised numbers 10 and 12 in addition. Number 14 was divided into several flats. One of these was usually occupied by the junior consultant obstetrician and his family and he was expected to live on the hospital premises to be available at any time for emergencies. Another was taken by the hospital chaplain and a third was occupied for many years by Dr Reggie Waterfield, haematologist to Guy's. The most celebrated resident at Number 14 was Sir John Conybeare, a very well known Guy's physician, who held frequent dinner

parties at which he entertained lavishly, on evenings that were often hilarious. He had many friends in the hospital, the wider world of medicine, and a huge circle of contacts from his days at Rugby, Oxford and the RAF.

A little further east is Keats House, a Victorian building with a striking and interesting facade, named after John Keats the poet, Guy's most famous graduate. Keats actually lived in rooms in St Thomas's Street but not at the site of Keats House, which in any case was built long after his death. He lived above a tallow chandlers shop closer to the Borough High Street. Keats House has for many years contained the private consulting rooms of members of the Guy's staff, enabling them to work close to the hospital.

The large gateway to the front quadrangle was the main front entrance to the hospital. Sir Cooper Perry, when he was Superintendent, had the top of the arch to the gate raised to make room for his tall horse-drawn carriage when it was loaded with paraphernalia, including his hip-bath, for the family holiday. The fine arch, carrying the Guy's crest has, ever since been an elegant landmark until it was struck recently by a lorry carrying a "skip" causing its temporary disappearance for repairs.

'Sir Cooper Perry, when he was Superintendent, had the top of the arch to the gate raised to make room for his tall horse-drawn carriage.'

Passing through, a visitor enters one of the most elegant Georgian courtyards in London. To the left is the East Wing now known as Boland House in memory of Sir Rowan Boland, a former physician to the hospital and Dean of the medical school. It is not the original building, which was destroyed by German bombs during the War. The wing was re-built in the original style in 1963. Happily, when viewed from this aspect there is very little evidence of the McDonald's restaurant which now occupies the ground floor and which is all too evident from Great Maze Pond.

The West Wing of the courtyard, is an original Georgian structure, made up of three main buildings. In the centre is the chapel, a simple building of great serenity and beauty, built in the 18th century, and the earliest purpose-built hospital chapel still in existence. It is well worth a visit, not just to see the peaceful elegance of the chapel itself, but to admire the glorious marble memorial to Thomas Guy made by Jacob Rafael in 1779. Guy himself is buried in the crypt of the chapel, and around the walls, both inside and at the entrance, are numerous plaques in memory of some of the faithful servants of Guy's including a number of distinguished names.

On facing the outside of the chapel, to its right is Emily MacManus House, named after a much loved and very distinguished former Guy's Matron. This building was the Matron's House, and was occupied (in considerable comfort) by a succession of Matrons from Miss Wallis to Linda Titley, the last Matron to live there. Emily MacManus House is now used for meetings and small social functions, either in the ground floor dining room or the first floor drawing room.

Behind Emily MacManus House, with an entrance to its right overlooking St Thomas Street, is a collection of offices on four floors collectively known as Conybeare House. In recent years the Planning, Facilities, and IT Departments have been housed here. How Sir John Conybeare would have reacted to having this part of Guy's named after him hardly bears consideration.

The remainder of the West Wing to the left of the chapel is the Superintendent's House. For over two centuries the smooth running of Guy's Hospital was the responsibility of the Superintendent, a senior member of the medical or surgical staff, who was responsible for supervising clinical activities; the Matron who dealt with nursing and domestic matters; and the Clerk to the Governors who was in charge of administration and finance. Long after Superintendents disappeared from almost all other national health service hospitals in the United Kingdom Guy's continued to have a Clinical Superintendent who played a very effective role in hospital management until the post was abolished in 1989 with yet another change in the configuration of the health service and the development of medical management. Mr Max Rendall was our last Clinical Superintendent, but neither he nor his predecessors after the retirement of Mr John Blaikley, had lived in the Superintendent's House which is now like most of the buildings nearby given up to various management functions.

'In recent years the Planning, Facilities, and IT Departments have been housed here. How Sir John Conybeare would have reacted...hardly bears consideration.'

In the centre of the quadrangle, of course, is the statue of Thomas Guy made by Scheemakers and erected in 1731. This fine memorial to our Founder has stood for 270 years calmly watching over the momentous changes that have gone on around him. As many early pictures have shown, the quadrangle usually contained only pedestrians or visiting horse-drawn carriages. This was the entrance to the hospital for both staff and patients. Guy, completely imperturbable while around him have bustled crowds of students, staff, and local people, and while from time

to time invasions by students from other hospitals have left him with all kinds of undignified objects on his head, must be gazing with disdain and dismay at what is happening to his hospital and his endowment, at the hands of Government and management.

Climbing the steps to the colonnade one passes on the right what used to be the Head Porter's Lodge, but which is now empty, though leading (below) to the headquarters of the present day hospital porters. For generations the Head Porter was one of the most important members of the hospital staff and would stand, dressed in an immaculate long frock-coat with brass buttons and a peaked cap, directing the duties of all the other porters, also smartly turned out, and while showing patients and visitors where to go he would greet all arriving and departing members of the medical staff with a salute and hand them their mail from their pigeonholes in his Lodge.

'...14 alcoves were incorporated into the sides, presumably to allow pedestrians to shelter both from the weather and the mud thrown up by passing traffic.'

Standing in the centre of the colonnade, visible on each side is a small familiar square, each with a well kept lawn bordered by flowers. The buildings on either side of the colonnade are collectively known as Guy's House and formed the original hospital. They housed the surgical wards until 1962 when the appropriately named New Guy's House opened to accommodate the operating theatres and surgical patients, One wonders about the logic of naming the latest, and magnificent addition to Guy's, Thomas Guy House when we already have Guy's House and New Guy's House. I suspect that the correct name of the original building has been forgotten.

The colonnade is a very fine structure with its southern end opening into the Park, itself a War Memorial and a lovely oasis among the grimy buildings of Bermondsey. In the east square off the colonnade is an alcove from old London Bridge. In about 1760 the bridge which had stood for nearly seven centuries was modified to allow the increasing volume of traffic to pass across it more easily. The many buildings which had grown up along the bridge were pulled down, the roadway was widened and 14 alcoves were incorporated into the sides, presumably to allow pedestrians to shelter both from the weather and the mud thrown up by passing traffic. When, in 1832, the old bridge was pulled down and replaced the hospital acquired one of the alcoves which was initially erected in the Park but later moved to its present position. It is now regularly used to house the

Nativity scene at Christmas time but occasionally people sit on the seat. When many of the surrounding wards contained patients who spent long periods in hospital they were sometimes able to sit out in the gardens when the weather was fine and some would use the alcove.

On the opposite side on his pedestal stands Lord Nuffield. Present generations may not be familiar with Nuffield's association with Guy's which goes back to the early part of this century. A young undergraduate at Oxford, John Josias Conybeare became friendly with the then William Morris who made bicycles and motorcycles at Cowley. Later he made Morris motor cars which became the basis of his huge fortune. Conybeare (Cony) had a little more money than some of his contemporaries and became the owner of an early motorcar, as a result of which he saw a good deal of Morris. Later, when Cony was appointed to the staff of Guy's he and a number of his colleagues often went to Huntercombe, between Oxford and Henley, to play golf at weekends. Morris, who became Sir William Morris, and then Lord Nuffield, lived at Nuffield Place behind the Huntercombe Clubhouse. He used to play golf with his friends from Guy's and they often dined together in the evenings. From this friendship grew an association which led to Nuffield becoming first a governor and then treasurer, and finally president of the hospital. His generosity to medicine is widely known.

'Hunt became in effect the second founder of the hospital since, with the completion of the building which bears his name, the hospital doubled in size'

On entering the Park from the colonnade the oldest, and most conspicuous building, to the left is Hunts House, now being demolished to be replaced by a new building suitable for the enlarged medical school of UMDS and Kings College, Hunts House was built in the 1850s. It was made possible by a bequest of £180,000, the wealth of Mr William Hunt a governor of the hospital who died in 1829. In this way Hunt became in effect the second founder of the hospital since, with the completion of the building which bears his name, the hospital doubled in size. Hunt was greatly influenced in his decision by Benjamin Harrison, the great Treasurer to the hospital who had, with remarkable foresight, started to acquire land to the south of the original building. For many decades Hunts House contained the medical wards, the children's and obstetric wards and the radiotherapy and radiology departments. Nurses were accommodated on the top floors in uncomfortable quarters until, in 1901 work started on the building of a new nurses home, the first of its kind in London. This was the result of the

generosity of Mr H L Raphael and the Nurses Home now situated between the medical school and Shepherds House was named after his wife Henriette Raphael.

Twenty years later William Shepherd House was completed next to the Henriette Raphael Nurses Home. Originally this was to provide further accommodation for nurses in residence, the Preliminary Training School and, in its lower floors, the departments which became those of physiotherapy and rheumatology. Now called Shepherds House it was named after another generous benefactor who contributed substantially to its erection.

The fine building which completes the east side of the Park is well known to all at Guy's. The Medical School as we know it began its life at the end of the 19th century and the Wills Library was added some years later after another great benefaction. Much has been added since those times but mostly buildings not visible from the Park. Behind the school is the York Clinic, built as the result of an anonymous donation in 1937 to provide psychiatric treatment for patients of moderate means.

'The Medical School as we know it began its life at the end of the 19th century and the Wills Library was added some years later...'

Nuffield House, visible at the south end of the Park is the hospital's private wing, built entirely through the generosity of Lord Nuffield. Before the national health service senior medical and surgical staff were not paid to work at the hospital and were obliged to make a living from private practice. It was a far-sighted act to provide on the Guy's site its own private wing which meant that the physicians and surgeons did not have to travel to the West End to conduct their practice. In front of Nuffield House stands the Memorial Arch commemorating, like the Park itself, Guy's men and women who fell during both world wars. The arch originally stood at the side entrance to the hospital in Great Maze Pond, between the current premises of the Friends Flower Shop and the north end of Hunt's House. As vehicles coming to the hospital became larger, particularly fire engines which make frequent visits, the arch had to be taken down because it was too small. It was stored in pieces for many years in the grounds of St Olave's Hospital, ultimately to be re-erected on its present site in 1992.

The older parts of the hospital were badly damaged by bombing during the War. Buildings on seven acres of land to the east of the hospital were almost completely flattened. The "College" opposite the memorial arch, and built in 1890 to provide accommodation for students, still stood although it too had been damaged. The Governors, largely due to the foresight of the Clerk, Bertie Lees Read, had

acquired most of this land making it possible to plan larger, modern buildings much needed by the hospital after the War.

The first of these was New Guy's House completed in 1961 and opened by Her Majesty the Queen. This was the new surgical block containing wards, operating theatres and a Casualty Department. At this time patients finally departed Guy's House which was then given over to offices. In 1972, following years of negotiation and planning, Guy's Tower, one of the tallest buildings in London at the time, was opened.

Like all other modern hospitals in recent decades, Guy's has greatly increased the range and amount of activity. In several fields world class departments have developed notably in renal medicine, cardiothoracic services, many paediatric specialities and the breast clinic among others. It became plain that existing accommodation was inadequate for modern practice, teaching and research for these and other specialities. Hunts House and the Out-Patient Department were very old. At this stage of the rebuilding of Guy's, Phase III, gradually became reality. It became known as Philip Harris House but has now become Thomas Guy House. It is a magnificent building and with over 50,000 square metres is the size of a hospital in its own right. The intentions of those who planned it was that it should complete the development of an integrated modern hospital containing wards, out-patient clinics, academic departments and laboratories with seminar rooms and teaching areas so that clinical departments would have all their facilities close together and on the same floor, connecting with the Tower and New Guy's House.

'It became known as Philip Harris House but has now become Thomas Guy House...a magnificent building...with over 50,000 square metres'

One cannot end this brief account of the buildings of Guy's without making a comment on the perverse plans of the last Government. An extraordinary decision was made by the then Secretary of State, Mrs Bottomley, not only to close the Accident and Emergency Department at Guy's and remove all the acute services to St Thomas's Hospital, but to transfer all the specialist departments there also. Having developed at Guy's an ultra modern integrated hospital, uniquely accessible to patients, staff and relatives at huge cost, the madness and waste of trying to re-produce something greatly inferior at St Thomas' at even greater cost is beyond belief.

R K Knight

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Guy's 407 Art Club

Summer Exhibition, June 23-27 1997

I remember that one of the first 407 Art Club exhibitions was installed in the Dental Museum with paintings and other art objects precariously displayed on few and rather unstable panels with a background of dental instruments and monstrosities more reminiscent of pain and torture than of visual pleasure. Surprise and discomfort were the immediate reactions of several visitors who, in the end, were more attracted by the museum pieces than the art work. In contrast, the latest 407 Art Club show- elegantly planned by Jane and Terry Gibson- could have been the envy of many commercial galleries. When displayed, paintings and sculptures can only be appreciated in relation to the walls and other architectural features which surround them; on the other hand their colours, scale, position and arrangements affect the space in which they are installed. In a room covered with light grey panels, the oil paintings, water colours, etchings and collages, the sculptures and pots had plenty of space in which to reflect their intrinsic qualities. And without any doubt, Jane Gibson's pots have great artistic qualities, confirmed by the rapid appearance of red dots on the gallery listing, signifying sale and, consequently, appreciation. Sidney Leibowitz, who- as many other exhibitors, has started attending art classes only after his retirement a few years ago- has produced some very attractive oil paintings, water colours and technically remarkable etchings. Many visitors were also intrigued by five etchings - some associated with poems- skilfully executed by Cedric Mims. Half metaphysical and half Brugelian, they show that Mims has left the amateur status and that soon we may see these etchings collected in a book with the poems that have

Fig 1 - Visitors admire the ceramics

inspired them. Margaret Dinkeldein was the admired author of five pieces of which 'bluebell' was my favourite, while Gavin Knight produced an impressive experimental oil painting. Maurice Lessof had three sculptures on show, proving, once again that he is an eclectic person who can successfully switch from one art form to another. And finally four 'old hands', frequent exhibitors at the 407 Art Club, William Mann, Terry Gibson, Roy Spector and myself were there to prove once again that art has the magic power of transforming reality into images full of light and colours.

MA

Fig 2 - A bust by Maurice Lessof

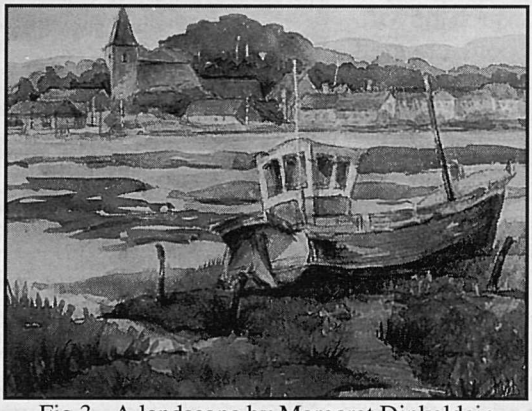

Fig 3 - A landscape by Margaret Dinkeldein

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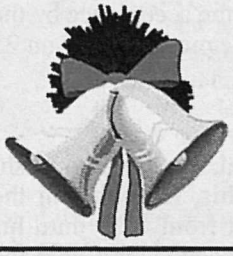

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The Great Nursing Dispute of Guy's Hospital 1879-1880

Part One of Three

Some months ago, I became intrigued by the section on "The Great Nursing Dispute of Guy's Hospital, 1879-1880" in Professor Tattersall's article in the Journal of the Royal College of Physicians[1] about Frederick Pavy. Having an interest in history, I looked this episode up in various histories of Guy's and found that it barely achieved a mention in most of them[2-4]. It is, however, discussed in the excellent book Mr Guy's Hospital published in 1954[5], and in the author's closing remarks on the matter lies a possible clue to the reticence of most historians of Guy's:

> "...when as a young man I addressed questions to my seniors about the great 'Nursing Dispute'...I was met by a certain unwillingness to discuss it, sometimes even by an embarrassed silence."

The "great nursing dispute" was essentially a power struggle between the medical men at Guy's and its management, which the medical men largely lost. No wonder that the "embarrassed silence" appears to continue to this day at Guy's. The protagonists in the dispute were on the one side the treasurer, governors and matron, and on the other the physicians and surgeons of the hospital with some contribution from the students and the nurses; it endured for just over a year, from the appointment of the new matron on 1 November 1879 to the acceptance by the Governors of the resignations of two senior members of the medical staff on 25 November 1880[6].

A new broom

In 1876 a new treasurer was appointed to Guy's Hospital, Mr Edmund Lushington. He had been a governor for six years prior to this, following in the footsteps of his father, Dr Stephen Lushington, a governor from 1819 until his death in 1873[7]. Lushington therefore had a longstanding connection with the

hospital and was certainly not the "outsider" that some of his opponents later called him. At that time the treasurer was omnipotent at Guy's, and Lushington used his powers with zest, at first with the general support of the physicians. Lushington had had an excellent training for his autocratic and responsible position: he had been 27 years in the Bengal Civil Service, rising to become Financial Secretary to the Indian Government and earning the nickname of "Infant Commissioner" during the 1857 Mutiny, when he held a military command[8]. For his first four years as Treasurer he concentrated his energies on eliminating waste and inefficiency, effecting substantial savings[9]. During this period he observed with some horror the state of the nursing at Guy's, but did little except to relieve the nurses of some of their more menial duties such as cleaning floors and grates by the introduction in 1876 of "scrubbers" to take over this work. He also introduced "lady pupils" who paid a guinea a week for a year's nursing training, but this was not very successful because most of the medical staff and the sisters declined to teach them. In 1879 his opportunity to reform the whole nursing system came with the resignation on grounds of ill health of the matron, Miss Mary Loag, after 34 years' service. Lushington claimed, in a 28 page written statement to the Governors on 12 July 1880[9], that:

> "...familiar intercourse with, and admission of Students into the Sister's private room, were matters of common occurrence...In one ward a Sister took to secret drinking, and had to be conveyed from her room in a fit of delirium tremens. In another, a Sister was twice or thrice found to have been raising money by begging letters, and she finally so far forgot herself, as to allow one of her nurses to be dressed up at Christmas in the clothes of a male patient and to be carried about the wards by the students in a cot."

As recorded in the weekly report of Dr Steele, the Medical Superintendent[10], the sister was dismissed as a result of that incident. Further, he claimed that the nurses

> "...were, generally, of a rough and stout type, some were unable to read and write... Few had the good manners of ordinary domestic servants, and still fewer possessed that delicacy of touch and refinement in handling a wounded or diseased limb which are so highly valued by a suffering patient even of the lowest class of the social scale. It would be unjust to say that *many* of these nurses were dishonest, but there is no doubt that the taking and demanding of presents was general."

Lushington acknowledged that the conditions endured by the nurses at the hospital were not conducive to attracting a better class of woman:

"It seems almost impossible adequately to describe how utterly opposed all these arrangements were to the comfort of any respectable woman... dinner... had to be eaten however without the presence of any person in authority, and was, oftener than not, conducted in a manner that would be discreditable to any household however poor. Except on special occasions these nurses were allowed no other time for fresh air and exercise save 6 to 10 at night, winter and summer, in the very worst neighbourhood in London. There was no competent female in authority to notice at what time and in what condition they came back, or to keep order in the dormitory, and respectable women not infrequently found themselves next a woman worse for drink, or were kept awake half the night with low, ribald conversation."

Clearly reform was needed, and so was a strong hand to implement it. Miss Loag had attempted to enforce a set of rules for the sisters and nurses drawn up by the governors in 1874, which included regulations about uniform, but had failed, possibly in part because of her increasing ill health. Lushington was determined that her successor should be capable of ensuring obedience to her orders. He decided to interview the Matron of Leicester Infirmary, Miss Burt.

Miss Margaret Burt

Margaret Elizabeth Burt was born in 1840 in Norwood Green, Middlesex, the eldest child of the Reverend John Thomas Burt and his wife Sophia. Seven sisters and three brothers were born over the ensuing 16 years. The Reverend Burt was for the greater part of his career chaplain to various lunatic asylums and prisons, working at Hanwell Lunatic Asylum, Pentonville Prison, Birmingham Gaol, and finally as the first chaplain of Broadmoor Criminal Lunatic Asylum, from 1863-1880. Miss Burt was therefore brought up to the notion of service and duty. In 1870 she joined the nursing Sisterhood of St John the Evangelist as a lady-pupil, becoming an associate sister in November 1871[11] and obtaining her certificate on 23rd August 1872[12]. Following her qualification she worked at King's College and Charing Cross Hospitals, and in 1874 she became Lady Superintendent of the Leicester Trained Nurses' Institution. On 28th August the Board of the Leicester Infirmary invited the Nurses' Institution to take over the nursing of three of its wards; this was so successful that at the beginning of 1875 Miss Burt and the Institution were invited to undertake the nursing of the entire Infirmary. Although this move resulted in the departure of the matron, Miss Gimson (who felt slighted by the Board's new appointment), taking with her nine nurses, the cook, laundress and maids, the annual report for the Infirmary that year was enthusiastic about the alteration in the nursing arrangements, referring to the "greatly increased comfort of the Patients" as well as improvements in the "furniture and fittings of the Wards,

and also a more frequent and thorough cleaning...the desirableness of which has long been felt[13]." This, then, was the lady of whom the Treasurer had heard, but had never met. In his own words[9]:

> "I eventually determined to open communications with her, and visited Leicester for the purpose of seeing her work in all its departments, Miss Burt being the Matron of the Infirmary with 200 beds and Lady Superintendent of a separate training Establishment for Nurses. I was greatly pleased with all I saw, and I received from all sides the strongest Expressions in her favor [sic]. She herself was not the least anxious to give up a situation where she was so valued and respected, and to undertake another which was surrounded by so many difficulties, and it was not until I pressed her on the ground that she seemed so completely fitted for the work here, that she consented to be nominated to the office. I subsequently told her what I considered to be the faults in our System at Guy's; pointed out what I believed to be the remedies, and urged her if she did come that she sh[d] lose no time in bringing them forward."

At a meeting of the Court of Committees on 30 July 1879[14], the governors of Guy's Hospital recorded a resolution that the retiring matron, Miss Loag, should receive the very generous pension of £150 a year, and that her successor should receive the same annual sum as a salary, together with board and lodging. On the same day the treasurer wrote to Miss Burt offering her the appointment on those terms[15]. On receiving Miss Burt's letter of resignation the Board of Leicester Infirmary recorded[16]

> "their deep sense of the invaluable services she has rendered during the five years of her residence as Lady Superintendent. They cannot speak too highly of the able manner in which she has conducted the nursing department, and of her uniform kindness and courtesy to the Patients and to all others with whom she has been associated."

They presented her with a clock (mentioned in her will), and, as later stated by Dr Marriott, the surgeon to the Infirmary, in a letter to the British Medical Journal[17], the staff raised over £100 "as a testimonial to her energy, skill and administrative power."

Rumours and portents

Unfortunately for Miss Burt, the attitude of the staff of Guy's Hospital to the proposed alterations to the nursing system was very different to that at Leicester. The month before she arrived, the October edition of Guy's Hospital Gazette contained a series of allegations about the proposed changes[18]:

"We hear...that there are to be great changes at Guy's, especially in our nursing, and that such alterations take place on the first of next month; but there is rather a startling rumour to the effect that new Sisters, Training Sisters, and the whole staff of nurses are to be engaged, or retained, as the case may be, consequent on their willingness to wear a distinctive dress (that, we are told, of the St John's Sisterhood) at all times, whether in or out of the Hospital, rather than on their qualifications as good nurses. It seems to us hardly just to enforce such rules, and take so much freedom from the servants of [Guy's Hospital]...There is no one connected with Guy's who does not recognise the advisability of some improvement, especially in the nursing, but we fail to see how reform will be effected which we start with cultivating a love of distinction and hypocrisy, as assuredly does the dress in question, which characterises a certain sect of a community..."

As well as rumours that a religious Sisterhood was to be introduced, this edition of the Gazette revealed students' fears that some of their duties would be taken over by newly introduced trained nurses[19]:

"...I trust and believe that such opposition will arise as may cause the scheme to be speedily abandoned...it rests with the men now holding the appointments to be vigilantly on their guard, that amid the confusion of the 1st of November none of their valued privileges, as dressers or clerks, slip from their grasp..."

An editorial poured scorn on women aspiring to such training[20]:

"...nursing...needs not even a preliminary student's training, every doctor should be a nurse, but a nurse need not and ought not to be a doctor; nursing is essentially womanly, and tends to refine and educate women if they realise its highest aim, but if they indulge an appetite for the horrible and gloat over operations, whose object and skilful performance they cannot appreciate... they descend to a level with the creatures of the field...in nursing pure and simple the necessary qualifications are quickness, equable temper, conscientious obedience, and self-forgetfulness...A nurse needs not to learn the heart sounds, the pleuritic rub, or any such diagnostic sign...a nurse should of all things study to present a neat and pleasant appearance, having no glaring inconsistencies of dress or colour which would offend the taste of a refined patient, nor being of so sombre a hue as to depress the spirits of those who are already at too low an ebb..."

It seemed nothing had changed since Florence Nightingale's caustic comment of 20 years before[21]:

> "No *man*, not even a doctor, ever gives any other definition of what a nurse should be than this - 'devoted and obedient'. This definition would do just as well for a porter. It might even do for a horse."

Mere rumour of the proposed changes was sufficient to induce some of the nurses to leave, according to "DQ" in the same edition of the Gazette[22]:

> "For some days, I may say weeks, past ghastly rumours have assailed my ears during my daily peregrinations in the wards; nurses are leaving, and, what is of far more importance, for they are unhappily only too scarce at Guy's, good nurses are leaving...One of the most important changes about to be effected is an alteration of the uniform of the sisters and nurses."

Lushington's response to the articles and letters in the Gazette, much to the editors' indignation, was to decree that future pieces criticising hospital or medical school management should be submitted to one of the Secretaries before printing; he also told them that the Gazette was not to be used as an "organ of complaint"[23]. The Gazette continued to print critical letters and articles, regularly calling for the matron's resignation, and accusing her of "feminine despotism"; one letter[24] urged students not to allow nurses to so much as take a temperature, since this would be the "thin end of the wedge" of which the "highly trained nurses" would take advantage. Eventually, after October 1880, the exasperated governors suppressed it for the next six years, presumably even calling in the offending editions, since no copies of the 1879 or 1880 Gazette now exist at Guy's.

(....part two next month)

Adrienne Knight
Research Secretary
Division of Medical & Molecular Genetics
Guy's Hospital

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Nursing at Guy's 1726-1996

A Commemorative Exhibition

A special copyrighted edition of 2000 copies of the hard backed book will be published by Granta Editions of Cambridge. It will be approximately 10" x 8" in size and will have a colourful jacket. The 120 photographs will be in black and white and it will include the Story of a Guy's Nurse, the commentary written for the Exhibition by Miss Mavis Fabling, Tutor in the Guy's School of Nursing from 1965-1976. It will also include the wartime memoirs of a Guy's Sister, `Nursing under Fire 1940' written for our League Journal by Mrs `Pip' Salmon.

Sold in aid of the Nurses' League Centenary Fund it will cost £12.00, P&P £3.00 (extra outside UK).

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Send to: `Nursing at Guy's, Guy's Hospital Nurses' League Office, Guy's Hospital, London SE1 9RT.

Nursing at Guy's 1726 - 1996

This wonderful book has come from the Guy's Nurses' League and all those concerned in its production are to be congratulated. It is dedicated to Miss Dorothy Holland (Sister Tutor from 1926 and Senior Tutor, School of Nursing, 1942 - 1956) in gratitude for her generous bequest to the League.

The foreword is written by Margaret Lamb, the President, who tells us that the book is drawn from the Commemorative Exhibition which was held in the Robens' Suite on 11 May 1996, the day chosen to mark the end of an era of the Guy's Hospital School of Nursing. Nurses came from all over the world to fill Southwark Cathedral that Saturday morning for a Service of Commemoration and Thanksgiving. Those present will remember the special moment when Sister Crump read from Matron Emily Macmanus' account of when she first came to Guy's as a 'lamb'. The book is composed of photographs of nurses in training at Guy's taken over many years, as well as of many distinguished matrons and sisters. It is accompanied by a narrative compiled by Mavis Fabling (Sister Tutor 1965 - 1976) and written as a long life story of an imaginary nurse telling the changes that had taken place in nursing practice and its teaching during the last 270 years. The many scenes of Guy's and some familiar faces will evoke memories of past careers and of many friendships made. When looking at the photographs of these young ladies, who dedicated part of their youth to the profession of nursing, it is easy to understand why nurses are held in such high esteem by the public.

On a less happy note, the picture of the Prime Minister of the day visiting the world-renown Renal Unit at Guy's ('The Flagship of the NHS') in 1991, when the building of Philip Harris House was completed, will produce a different response. Since then, Lord Harris has withdrawn his name and benefaction from the building, and Guy's has been tricked and humiliated by devious and now rejected politicians of little consequence and even less talent. Their memorial will be the enormous damage they have done to the Health Service and to many great institutions, such as Guy's.

The book can be obtained from the Nurses' League Office, Guy's Hospital, at a cost of 12.00 or it can be posted at an extra cost of 3.00 for postage and package. The Nurses' League Office is open on Tuesdays and the telephone number is 0171 955-5000 extension 5463.

GWS

The ECG made easy

- 5th Edition - £6.95

The ECG in Practice

- 3rd Edition - £14.55

100 ECG Problems

- 1st Edition - £10.00

Author: John R. Hampton
Published by: Churchill Livingstone

There are two types of 'classic' text... There are those that sit on a student's bookshelf, unopened, gathering dust, and usually a gift from a parent or Grandparent (the Oxford Textbook of Medicine and Gray's Anatomy spring to mind), and those that end up dog-eared and battered through multiple readings.

The ECG Made Easy sits well and truly in the second category. It has, since its first edition in 1973, become a 'must have' book for pretty much every medical student in the country.

The format of the book remains essentially unchanged. The early pages deal with the principles and basics of electrocardiography, while the rest of the chapters cover intra-cardiac conduction, arrhythmia and ECG abnormalities. New to this edition are some sections on 'what to do next' when presented with an ECG, providing a rather more clinical basis to the book. The changes have meant that the page count has increased a little, but this book still remains small enough to slip into a white coat pocket and it is discreet enough to be used at the back of the ward round to try and avoid awkward silences when posed questions !

The other two books in this series, The ECG in Practice and 100 ECG Problems, share the same format as ECG Made Easy. The ECG in Practice provides chapters based on clinical scenarios - palpitations, chest pain, breathlessness, and a chapter on the ECG in non-cardiac disease. It finishes with the cardiac physiology relevant to the ECG and a chapter which is essentially lists of ECG findings by disease or syndrome. It shares its clear format with its sister text, and is again, pocket sized. At 300 odd pages, it is, however, rather more weighty !

100 ECG Problems is the inevitable set of questions to accompany the above books. It provides 12 lead ECGs for the reader to interpret, with a detailed explanation on the following page. There is referencing made to the previous two texts for each question, and comments on clinical management. It does the job it sets out to do well, with most important ECG abnormalities covered, and clear explanations provided.

I have always been a fan of the previous editions of The ECG Made Easy and The ECG in Practice. 100 ECG Problems completes the set. My only criticism is that the text books tend to

use rhythm strips and 12 lead ECGs demonstrating only one complex per lead. This allows greater clarity, as the full ECGs would have to be reduced in size to fit the page, but somehow the isolated complexes make the recordings harder to interpret. The Question book provides full 12 lead ECGs throughout.

These three books are certainly the most useful and readable available on their subject, and the clarity of explanation makes an otherwise difficult subject lucid. Combined, however, they cost over £30. I can't help thinking that they could be amalgamated into a single text, although this would lose the 'pocketability' of the original. Such a version, however, would find a place on most medical students' and physicians bookshelves... although there is always a risk that this would lead to their becoming the first type of classic text!

Dr Geoff Smith
Specialist Registrar Gastroenterology and General Medicine

Outline of Periodontics Third Edition

JD Manson & BM Eley
Wright, Butterworth, Heinemann Ltd
ISBN 0723610185 £25.00

This textbook is aimed at the dental undergraduate as an aid to understanding periodontal disease. As the incidence of periodontal disease is forever rising, a good source of information regarding the pathology and aetiology of such disease is required. At £25.00, though this book immediately falls into the category where students will consider purchase as it doesn't immediately come across as being too expensive, and generally appears more substantial than other periodontology books on the market in the same price bracket.

The layout of this book is generally under broad subject topics, with a method of writing that assumes the reader knows very little in a manner that doesn't come across as patronising. An effective use of tables and illustrations are made throughout, although perhaps clinical photographs are slightly few and far between. At a first glance, the book seems very daunting with it's long stretches of text and little

to break the monotony of reading. Once you start reading though.....

Diagnosis, aetiology and pathology of all forms of periodontal disease are covered along with the treatment options such as root planing and surgery. The anatomy of the oral tissues is considered along with histology, both of healthy and diseased tissue.

There is a chapter on the importance of considering periodontal disease when planning restorative work, which is well placed. It stresses the importance of the disease and it's implications on all areas of dental practice, inviting the reader to tread with caution in this area and think simply. This area is often not covered in textbooks and therefore makes what could just be another perio book on the shelve into the perio book to use!

A general improvement could be the use of more clinical photographs, which ideally would be in colour. Those photographs that are included are spoiled by their appearance in black and white. I suppose whether this would put people off from buying this book depends on how much you like looking at gory pictures!

I would recommend purchase of this textbook for the dental undergraduate, as it assumes no previous knowledge, covers the subject from basics and is easy to delve into to retrieve information. It would be of use to the junior dental student starting in periodontolgy and would serve well in being of use as they become more senior in their practice.

Nabeela Ahmed

Essential Microbiology for Dentistry

LP Samaranayake
Churchill Livingstone
ISBN 0443049890 £35.00

Microbiology is one of those funny subjects where I'm certain many are dismayed by the volume of information that needs to be retained following it's presentation. However, for the dentists among you that hate microbiology as much as I do, this book is written just for you as a dentist (!) and covers microbiology from basics.

It presents up to date information on all the topics it covers, so you can study from this book safe in the knowledge that what's in it is true. Most aspects of microbiology that may have a dental implication are discussed. The best thing I thought about this book though was the fact that as you read it you could give yourself some comfort in the fact that at least all the information you were trying to take in would indeed be of some relevance to you as a dentist, and if you were to look something up you would know that it's valid to you. All the major oral microbes are considered, and it is generally arranged

presented along the lines of epidimiology, pathology, diagnosis, treatment and prevention. This book, as you may have gathered, doesn't manage to cut the corners you hope it will on what you actually need to know, so as always, there are several pages of information which are covered as standard in most microbiology texts.

If you genuinely abhor microbiology though, all is not lost as perhaps the immunology in this book might be to your liking? There is a nice chapter in this book that covers basic immunology and deals with common infections which affect the various body systems.

As with other books in the 'Essentials of Series' by Churchill Livingstone, this is a good book at 35.00, which is worth buying if you like the subject, and worth buying even if you don't as it contains a lot of information of dental relevance which you wouldn't find in any other microbiology textbook. It is well illustrated with pretty pictures, just to remind you of the links to dentistry and can be used at any stage throughout the dental course. Because of the frequent links of all subjects covered to clinical situations it therefore works well as both a textbook to learn from as well as serving useful as a reference book for all those things you thought you might only ever need to know once!

Nabeela Ahmed

Prof. Sidney Leibowitz (1924-1997)

A few at Guy's Hospital had the privilege of being not only colleagues but also close friends of Sidney Leibowitz, who died on August 10th.

Always gentle, unpretentious and straightforward - at lunch time, over a skimpy sandwich and a rather weak cup of chicory-tasting coffee - we had many discussions about science, politics, literature, theatre and visual art. Born and educated in South Africa, Sidney and his wife Doris could not live in that country as a result of their opposition to the apartheid policy. After a short spell in an immunology unit at Taplow (often described by Sidney as a serious mistake) and a few temporary jobs, Sidney joined the Department of Pathology at Guy's, directed by Professor G Paling Wright, where he spent the rest of his scientific life. A very committed teacher and scientist, his main interests were in the field of neuroimmunology. He published many papers describing the results of experimental studies aimed at clarifying the etiopathology of human neurological diseases suspected to be caused by autoimmune reactions. He co-authored reviews and books in collaboration with Professor Colin Adams and Professor Richard Hughes He approached his routine pathological work with unique interest and enthusiasm. More than once, back from an autopsy, it was possible to hear him mumbling something like "... a very, very beautiful case" and he seemed to be surprised at our objection to the inappropriate use of the word "beautiful". The case was indeed beautiful because only at the autopsy the mystery of an uncertain diagnosis had been solved after a long and careful study. An enthusiastic and wide-ranging reader, Sidney maintained a constant interest in all aspects of history and politics, although South Africa, a country for which he had great nostalgia, remained at the centre of his attention and commitment. He also found time to read biographies and novels almost continuously. His interests stretched to classical music, theatre and art and invariably our discussions converged on the merits of short comings of the last play or exhibition we had seen. He tended to analyse and dissect each of these topics with the same precise techniques used in his pathological studies. Never prejudiced or dogmatic, he was prepared to revise his views taking into serious consideration other people's opinions. Those who have known his family have always been impressed by how Sidney and his wife Doris were independent, each with their own involved and professional lives and, at the same time, dependent in a sharing way through a complete, happy family life. Soon after his retirement, Sidney dedicated much of his time to learning lithography, etching and relief printing. He also

studied painting and was constantly trying to understand and perfect his techniques. His natural sensitivity and wide experience led him to begin producing some outstanding works of art. It was difficult not to be impressed by the deeply humane personality of Sidney Leibowitz, his genuine respect for others and generosity.

M. Adinolfi and R. Spector

Laurence Usiskin - Tribute

Friends and colleagues of Lawrence Usiskin gathered in the Greenwood Theatre at Guy's Hospital on Wednesday, 9th July to pay tribute to his life and work. Harry Preiskel, Geoff Webb, Gerry Winter, Peter Longhurst and Frank Ashley all spoke about different stages of his life from schooldays onwards.

Laurence died of a heart attack on 11th April while returning on the train from a meeting of the Medical and Dental Education Network in Leeds. He was representing the Dental School at the meeting in his role as Sub-Dean.

Harry Preiskel who actually went to school with Laurence Usiskin recounted a succession of hilarious tales of their shared experiences, including reference to a hair-raising aeroplane flight which involved them getting lost and Laurence having to read names of railway stations and destinations of buses in order to give Harry some guidance as to where they were. Geoff Webb gave more details of the student years and recounted how Laurence met his future wife, Susan, when she was working as a dental nurse in the Dental Hospital. Laurence's years at the Eastman were covered by Gerry Winter in whose department he worked for part of that time. Peter Longhurst spoke of Laurence's years in the Department of Orthodontics and Paediatric Dentistry as a senior lecturer and honorary consultant in Orthodontics. Frank Ashley then spoke about Laurence's contribution to the dental school over the years in developing new curricula and student welfare and his many other responsibilities as Sub-Dean ranging from mastering the correct pronunciation of the names of all the new graduates and prizewinners for the presentation in Southwark Cathedral to his superb organisation of Clinical Day and the annual newsletter to Alumni.

The appreciations were interspersed with readings, initially from Michael Usiskin, his son and then from Waseem Slim, Honorary Secretary of the Dental Society representing the students. Victoria Longhurst, a former patient and harpist provided a wonderful tribute and Jenny Fogwill, who had been his dental nurse for many years read a poem. Finally, Rabbi Edward Jackson gave his own appreciation of Lawrence as a member of his congregation and read a psalm.

In recognition of Laurence's life and contribution to the dental School at

Guy's Hospital a fund has been established with the aim of endowing one or more student prizes in his memory. Anyone wishing to contribute should send their cheques or other form of charitable donation made out to "UMDS" to:

Ann Webster,
Dean's Office,
Medical School,
Guy's Hospital,
London SE1 9RT.

THE VIEW FROM OVER HERE...

In the beginning there was a word, and the word was 'Trust', and the Chief Executive, who thought of himself as God, saw the word, and it was good.

On the first day, the Chief Executive looked down at the Trust from above and said 'What we need are more ECRs to bring in some money' so he created some administration posts, gave them some new offices and secretaries, a PC and a laser printer, and sent them out from the Trust to drum up some business. And the Chief Executive looked down at the end of the first day and it was good.

On the second day, The Chief Executive said 'Let there be locally negotiated pay' and there was much wailing and gnashing of teeth, but the Chief Executive looked down and quietened the masses with the threat of a P45, and all was quiet and it was good.

On the third day, the Chief Executive said 'Let there be fewer beds in order to save money' and lo a bed crisis ensued, but the doctors and nurses discharged home all those who could walk, to make room for those who could not. And thus it came to pass that the average bed stay dropped, and the Chief Executive looked at the money that was saved and it was good.

On the fourth day a writ was served to the Trust, from the ungrateful family of a patient who died after waiting 18 hours on a trolley in casualty, so the Chief Executive placed the doctor in the court, and sold his reputation down the river, and lo the trust was saved and it was good.

On the fifth day the doctors complained that the Trust had reneged on the 'New Deal' and the Chief Executive looked solemn and sorry, and lo absolutely nothing came to pass, and the Chief Executive looked down and said 'this is good'

On the sixth day the Trust made a loss, so the Chief Executive employed a Spin Doctor, created a new Trust logo, and put in place more administrative angels to chase money and write memos, and the Chief Executive looked around the Board Room at all he controlled, decided to put up his salary and get a better car, and it was good.

On the seventh day, the Chief Executive went off to play golf with his mates, and it came to pass that out of the left came a devil, who smiled and said 'The Chief Executive is not really God, even if he thinks of it' and the devil threw out the Chief Executive and the administration angels, and the doctors and the nurses cheered and waved, and hoped that the water would once more be turned into wine.

On the eighth day the people of the hospital looked round and said 'Hold on a minute, nothing has changed No beds, lousy pay, and we still work seventy hours a week' and the Chief Executive (who was now an advisor to the Department of Health) and the devil (who knew that he was really God) went off to plan the next great revolution for the Trust, and all the people outside the Trust smiled as they looked down and said 'It is good'

Paul Cable

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For more information please telephone 01400 261201 Ext 6782 during working hours, or contact your local Armed Forces Careers Office. Alternatively, you can visit http://www.raf-careers.raf.mod.uk or post this coupon to: Sqn Ldr Sharon Callcot, RAF, P.O. Box 1000, Sleaford, Lincolnshire NG34 8GZ.

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NURSING NOTES

Welcome!

The opening of Thomas Guy House this summer has provided an opportunity for nurses at Guy's to work in a modern environment that has supplemented the earlier buildings of the past three decades.

Now, nurses at Guy's no longer have to work in the intolerable surroundings, with all the clinical hazards entailed, that have been inherited from previous generations. For the first time this century, all the main clinical areas at Guy's are within buildings actually designed and built this century! When New Guy's House was opened in 1961 it provided a new area for the surgical wards and theatres. Nursing here was very different from the original Guy's House, from which these wards had moved. It was the beginning of a hopeful new era. The old building, now devoted to administration, and including the gazette office, is of architectural interest externally, but totally unsuited to the demands of twentieth century nursing procedures. Indeed, the East Wing, is of course only a rebuilt simulation of the eighteenth century structure; the original having been destroyed during the wartime by those who are now our allies in the European Union. Part of this is now occupied by McDonalds. They have recently survived the McLibel Action, only for the world to know that they do not pay their employees well. So how appropriate they should occupy NHS property! Maybe time for our allies to get busy again? But nurses will be grateful for the chance to have modern rooms and departments in which to care for their patients and clients. The opening of Guy's Tower in the 1970s progressed towards this, despite what might be said about the external ugliness of this building. It provided many areas, with some fine views to uplift patients at times of gloom, and went some way toward providing a decent atmosphere in which to work. So this, "final phase", in the complete rebuilding of Guy's in the space of little over 30 years must be heralded with great delight by all except the cockroaches. For so long nurses at Guy's have had to labour in wards and departments which have been detrimental to good practice. But they have done the best job under the circumstances in the buildings provided. It has been a game of wait-and-see when and if the new Thomas Guy House would actually become available. Now that they are able to appreciate what modern building techniques can produce it ill behoves to criticise the facilities and the planning that has gone into making this a reality. It is inevitable, with the time scale of planning and the developmental changes that have taken place in the intervening years, that the final result may not be what everyone anticipated. This is in the nature of things. Many of those involved in the early stages of setting up the proposals for the wards and departments have themselves departed

and do not have the advantage of seeing their vision become the concrete model we see today. Nurses have for so long been used to enduring difficulties associated with their environment that their long-suffering outlook has almost become a byword for the profession. But I do believe the time has come to stop grumbling and enter into the forward look and what it procures for the twenty-first century which is almost upon us. Perhaps also, with the moratorium on London hospital closures announced by the new Labour Government, there is real hope that Guy's will survive. Certainly the idea of closing such a well planned and equipped hospital building as Thomas Guy House provides seems unthinkable. As flagship for the previous Government, Guy's nearly floundered, but there is surely greater reason for hope now? Nurses in training today can at last have some of their expectations realised when the new surroundings make their impact. Loss of familiar old wards may seem strange at first, but those working in the new building can surely cite many advantages to be found. New ideas need to be incorporated within new frameworks. It is no good thinking all the old ideas that have been sustained by the old fabric can linger. So, along with fresh paint and curtains, must come fresh approaches, fresh practices.

Denis Cobell

Rugby

London 3 South West At HOP
20th September 1997
Guy's & St. Thomas' 1st XV vs Gosport

Gosport made the long journey from the Solent to find HOP looking resplendent in warm sunshine with a breeze blowing lengthways down the pitch. This was the first game of the season for Guy's. The previous one having been postponed due to Princess Diane's funeral. However, they have played one match in the national intermediate cup.

Guy's found themselves playing against the wind in the first instance but were able to exert early pressure. Unfortunately Gibbins missed two penalty shots one of which hit the post. Ominously the larger Gosport pack won a couple of balls against the head and begun to apply pressure of their own. Their first goal came when the Guy's backs were attempting to run a ball within their own 22 and dropped it for the opposing centre to gratefully pick up and score under the posts. With another penalty Gosport took the half time lead to 10 points to nil.

Guy's immediately got back on terms at the beginning of the second half and after a series of good forward drives Addy was sent over in the corner for a try well converted by Gibbons. This good impression was nullified shortly afterwards when two or three mistackles allowed the Gosport winger to score. With the tempo of the game clearly rising the impression was still that if Guy's kept their heads and kept the drive going that they would be capable of winning. However this was not to be and Gosport ran out in the end to be winners by 20 points to 10.

This was not a dazzling performance by Guy's. Missing several key players they looked disjointed and made far too many errors. In fact the team handed the opposition turnovers on numerous occasions in over ambitious attempts to run the ball or sheer bad handling. The irony was that in spite of playing badly Guy's could easily have won the game. Greg Ryan had a perfectly good try disallowed due to the referee being unsighted when even the opposition had accepted that it was a score. Only one penalty out of five kickable ones was converted and both of the Gosport tries should easily have been prevented one being a real gift. Thus on the bright side if Guy's can play one of the better teams in the league and get this close playing badly, they should have every confidence that once they begin to play well that they should be competitive in the league. For Guy's the main people to catch the eye were amongst the forwards were Peter Davis as always giving 100% commitment and where Ben Wood had a fine match.

Team: L Holstert, F O'Sullivan, D Evans, B Thorpe, B Wood, P Davis, G Ryan (Captain), E Murphy, R Etok, M Jenkins, M Rose.

Guy's & St Thomas' 1st XV
vs. Old Wandsworthians
Intermediate Cup 1st Round 13/9/97
Result: Won 65-7

Due to the postponement of all sporting fixtures the week before as a mark of respect for Diana, Princess of Wales' funeral, this was our first game of the season. The opposition were an unknown quantity from two leagues below our own and, true to predictions, they were big and slow. Despite the former, the front five dominated the set pieces and in the face of the latter the backs ran riot. Guy's scored ten tries in total.

The first, from John Murphy, was a cheeky come-on-ref-he-can't-jump-over-the-ruck affair and from then on it was a case of who would score next. The scoreline should have been more had it not been for poor last passes and a growing sense of greed of the ball handlers in their quest to get on the scoresheet.

At times there appeared to be a lack of cohesion in the forwards resulting in some poor rucking and an air of panic when ,with all the possession we could hope for, we failed to score or make the gainline. What it actually needed was for someone to slow the ball down to allow a modicum of control and stability to enter the proceedings. Old Wandsworthians were not fit but we did not exploit this for the best and only showed them how fast we could run into self-induced trouble. Apart from that grumble it was a vast improvement on this time last year- a tribute to our coach Steve Farr who has put a great deal of effort into shaping the club and it's style of open play.

There were two first team debuts, both capped with tries. Ade Adejuwon scored two on the wing and Giles Stafford, finding himself in open space cut inside the full-back to score under the posts- not bad for a second row! The other scorers were John Costello who powered over from short range, Richard Etok with a brace on the right wing, Finbar O'Sullivan (the fastest hooker in the world in the oldest club in the world) with one and finally Pete Davis on the blindside who grabbed two before leaving the field and so avoiding the hat-trick, a heinous crime.

And so began the new season. It will be tough considering the expansion of the Saturday league and the fact that the Wednesday team are now competing with the big boys in the BUSA Premiership. This makes training a vital component of our rugby, especially if we are to succeed in these leagues and, of course, retain the Hospital's Cup.

Team: D. Woodsford, F. O'Sullivan, L. Hostert, B. Thorpe, G. Stafford, P. Davis, G Ryan (c), B. Wood, J Murphy, N. Gibbins, A. Adejuwon, M Jenkins, J. Costello, R Etok, M. Rose.

Guy's & St. Thomas' 1st XV
vs. Southampton
National League London 3 South West
At Southampton 27.9.97.

Southampton entertained Guy's and St. Thomas' on a lovely day for rugby. The pitch was in the shadows of the M.27 but was well grassed and on a warm muggy day the club set off determined to get their first league points on the board having lost to Gosport the previous week. The team showed a few changes also with Neil Davies coming in at stand-off and John Costello in the centre. The early portents were encouraging with Guy's playing much the better rugby in open play and showing that they were determined to play open running rugby. The length of Neil Davies' kicking was soon brought into play and the early pressure was converted into 6 points via two penalties. The value of support in numbers was shown when Davis went over in the corner for a very good try after a pass from Addie who took his own chance a few moments later after Guy's pack had been able to exert considerable pressure at a scrum 5. In between times Southampton had scored a penalty so the score at this stage was a very encouraging 18 points to 3.

At this stage the game was changed somewhat when the Southampton prop was sent off after stamping on Capt. Greg Ryan. This was somewhat of a surprise since the game had been without incident to that point. However it was certainly a benefit to Guy's who were now able to exert pressure on the opposition's scrum. However they went through a spell when they were winning so much ball that there was a tendency to look for unlikely moves rather than concentrate on the basics. It became even more evident when Southampton suddenly found a new lease of life and raced over near the post to take the score to an exciting 18-13. Some semblance of sanity was restored when Pete Davis dived between the scrum half and fly half behind the opposition line to score a converted try. This was just reward for a major contribution to the game by Davis and his characteristic unyielding effort. The score finally reflected the efforts of at least some of the side when Finnbar O'Sullivan grabbed a loose ball on the half way line and to the evident surprise of the opposition winger raced away to score under the posts, converted by Davies to make the final score 32-13 and the first league points in the bag.

At the end the feeling amongst the team was of some disappointment that they had not played better. Perhaps this is a tribute to their own expectations and the level of skill within the squad. For Guy's there were performances from Davis and Ryan in the back row and from Thorpe in the 2nd row. Jenkins looked much happier at outside centre than inside and made many telling tackles.

Scores: Tries, Davies, Davis, O'Sullivan, Addy. Penalties: Davies 2. Conversions Davies 3. **SJC**

Research News

UMDS Research Day:
Regulating the Immune Response

On the 12th November there will be a research day on the subject of "Regulating the immune response". At the symposium speakers will discuss the underlying mechanisms involved in the generation of auto-immunity and the therapies being developed on the basis of this knowledge. Speakers will include Tom Lehner, Tak Lee and Gabriel Panayi from UMDS and many others from the USA and Europe. Attendance is free to UMDS students and staff but you must register in advance. Registration forms and information are available from Carole Meads on STH ext 1499.

Dental Graduates

Congratulations to the following students who qualified BDS (London) in June 1997

Ahmed, Miss Maria Fatima
Alam, Miss Saadia Forhana
Andreou, Mr Andreas Nicholas (distinguished In (a))
Appleton, Mr Nathan David
Arora, Miss Roopinder Kaur
Asani, Mr Adyl Mirza
Aslam, Miss Raheela Tasneem
Ballard, Miss Nicola Joy Wharam
Batra, Miss Kulpreet Kaur
Buttar, Miss Manvinderjit Kaur
Carbasse, Miss Caroline Brigitte
Chhoker, Mr Sukhjit Singh
Clark, Miss Bridgit Anne (distinguished In (c))
Dandekar, Miss Monica Kalpana
Darwish, Mr Mohamad Samy
Davies, Miss Hannah Mari
Davis, Mr Peter Robert
Dawson, Mr James Matthew Morrison
Del Espino, Miss Emma Lucy
Derbyshire, Miss Joanne
Dyke, Mrs Ilona Gail
Evaghoras, Miss Christina
Farrant, Mr Richard Hugh
Forde, Miss Sandra Louise
Foxworthy, Miss Morwenna Doreen
Good, Miss Sarah Anne
Hammond, Mr Martin John
Hassas, Miss Gazelle
Jagdev, Miss Avinash Kaur
Jones, Mr Darren
Jones, Miss Victoria Collette
Joshi, Mr Hiten Shantilal
Jumaili, Miss Salina Hanum
Ladak, Mr Munawwar Akbarali
Laxmikant, Miss Preeti
Lee, Miss Justine Jane
Longley, Miss Sarah Jayne
Matharu, Mr Hardeep Singh
Michael, Mr Daniel Raouf
Milanifar, Mr Morad
Mistry, Mr Baldev Dharampal
Monibi, Mr Farid
Moore, Miss Suzanne (distinguished In (b))
Morenas, Mr Ransley Prague

Nadarrudin, Miss Adibah
Nahoum, Mr Saul Kingsley Adam Frank
Nath, Mr Ranjan
Panitsidis, Miss Ekaterini
Patel, Miss Neeha Arvind
Patel, Miss Vimisha Chhotubhai
Pennington, Miss Rachel Sarah
Ramage, Miss Sarah Louise (distinguished In (a))
Rana, Miss Sally
Reece, Mrs Joanna Maria (distinguished In (b))
Roiser, Mr Shane Maurice
Rowland, Miss Heidi Nina
Schadeck, Miss Barbara Nina
Sevitt, Mr Benjamin Saul
Shah, Miss Sangeeta Chandrakant (distinguished In (a))
Sheppard, Mr Keith Anthony
Sinanan, Mr Marcus Orlando
Smith, Mr Christian Simon Spencer
Soneji, Mr Bharat Manharlal
Sunkersett, Miss Vinaya Ravindra
Takhar, Mr Mandeep Singh
Valecha, Miss Alka Nandlal
Verma, Miss Sonia
Vijayaraghavan, Miss Meera
Watson, Miss Victoria Claire
Webber, Mr Timothy Christopher Brian
Weerasirie, Mr Don Gamini Aaron

(a) = Distinguished in Oral Pathology, Oral Surgery, Oral Medicine including Dental Therapeutics, and Dental Radiology. (b) = Distinguished in Restorative Dentistry (c) = Distinguished in Orthodontics and Paediatric Dentistry.

Guy's and St Thomas' Old Students' Day

Friday 12th December

This years old Student's day will be held on Friday, 12th December at St Thomas' Hospital. The day will consist of a morning session on topical or political issues and this year the theme will be:

"Increasing Pressures on Practice"

with three outside speakers.

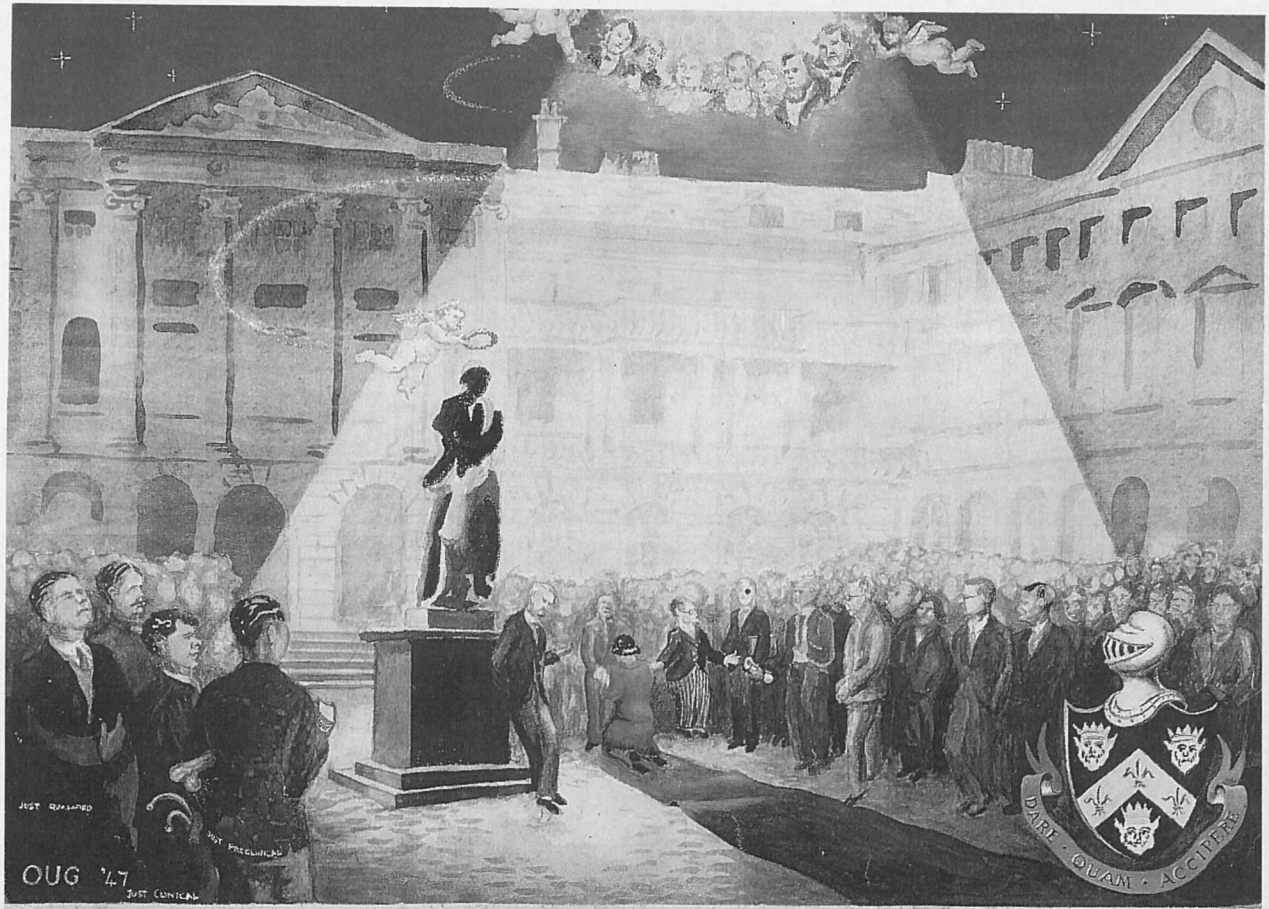
GP's will be able to claim PGEA points for attending and hospital consultants will be eligible to claim CME points for the sessions attended.

A particular invitation is going out to graduates of 1977 and 1987 to attend and, if they wish, to have a 20th or 10th Anniversary Reunion at Guy's that evening.

If you wish to attend please contact Mary Bonner (0171 -922 8370) by 14th November

Wrong Volume

We wish to apologise to the British Library and everyone else for the confusion over the last edition. The July August edition should have read volume 110 number 2466.



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Gazette

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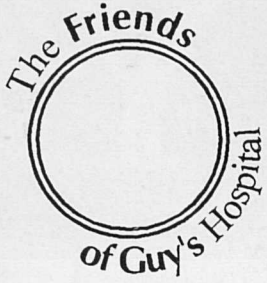
- Dr Knight Appreciation
- Friends of Guy's Gifts
- Dentistry in the Army



WHO NEEDS FRIENDS? *WE DO!*

Why not become a member of the Friends of Guy's Hospital?
The Friends are a registered Charity,
whose origin dates back to 1895.

The Friends provide amenities and equipment which the hospital is not able to provide and it supports research. The Friends run a shop in the hospital grounds selling flowers and other items as well as a Trolley Shop to the wards. Volunteers who provide this service find it very rewarding. They need and welcome anyone who wishes to join them.

It is easy to join the Friends. You do not need to be an ex-patient, although many of our members are. The minimum subscription is £1.00 a year but EXTRA DONATIONS are greatly appreciated. Cheques and postal orders should be made payable to "The Friends of Guy's Hospital" and should be sent to: The Secretary, The Friends of Guy's Hospital, Guy's Hospital, London, SE1 9RT. (Tel. 0171 407-1058). Contact the Secretary if you require information regarding DEEDS OF COVENANT or LEGACIES.

In recent times we have provided:

- Complete refurbishment of the new Department of Dermatology in Thomas Guy House
- Electronic viewer for the Demonstration Room in the Department of Radiology
- Grant for inpatients and wards over the Christmas period

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

GUY'S Gazette

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Passim

Happy New Year to all Gazette readers and family. But is it a happy future for Guy's and has the world gone mad? Are we being asked to take seriously a full business case which aims to mothball New Guy's House, to leave 7 floors of the Tower empty, and to spend over one hundred and fifty million pounds reproducing on the St. Thomas's site what already exists at Guy's.

Apparently we are, for the full business case for the Trust was published in October. It contains the apparently serious proposal to move not only all secondary services from Guy's to St. Thomas's but also all of the tertiary services so carefully nurtured and built up over so many years at Guy's. Cardiology has already been moved to join with cardiothoracic and it is now proposed to move all of oncology and renal services. Currently the Evelina Childrens Hospital is second only to Gt Ormond Street and is in close proximity in the Tower to Obstetrics and Gynaecology in modern and well appointed wards. In all but name they already form a Mothers and Children's Hospital. Bizarrely it is seriously proposed to move these from one end of the Trust to another at a cost of 50 million pounds to rebuild this on the St. Thomas's site. How fortunate it is that the National Health Service is so flush with funds that it can afford to be so profligate!

And what will Guy's get in return? The Project Director for the Trust, tells us that the move of Acute and Tertiary Services will be balanced by the development of Guy's as a 'centre for planned care', guaranteeing scheduled services to GP's and their patients which will not be disrupted by unscheduled emergency treatments. However, it seems that neither outpatients nor elective beds will be restricted to the Guy's site or even a majority of them and that specific plans for the development and usage of the planned centre have not yet been formulated.

It seems that the glorious opportunity to create one of the largest, best and forward thinking teaching hospitals in the country making the best use of two sites, its current expertise, magnificent facilities and morale has been lost and replaced by disappointment, dismay and disintegration. Surely there must be better ways of taking both hospitals into the 21st century so that we can face the future with more confidence than at present. Is it still too late?

Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Guy's Reunion

Dear Sir

On a gloriously sunny day, Wednesday 17th September, a luncheon was held at the Hydro Hotel, Eastbourne for Guy's men who entered the Dental School 50 years ago in October 1947.

Those attending with their ladies were: Sandy Jones, Colin Robinson, David Miller, Denis Habberfield-Bateman, Jimmy Wylie, Donald Timms, Tony Cahill, David Blake and Tony Watkins. Afterwards they took tea in the garden of Gill and Tony Watkins' home and were delighted to welcome Pat Sheehy to their reunion. One of those invited, but sadly unable to attend was Stan Edworthy whose wife Jo had died suddenly the previous week. The reunion was voted a great success and it was a surprise to see how little our ladies had changed over so many years of tender loving care. The toast of the luncheon needless to say was 'Guy's'.

Yours faithfully

G A Watkins

Left to Right: Denis Habberfield-Bateman, Jimmy Wylie, Tony Watkins, Pat Sheehy, Dave Miller, Colin Robinson, Don Timms, David Blake, Tony Cahill

Extracted teeth

Dear Sir

In June this year I wrote 2,000 letters to our Dental Alumii appealing for extracted teeth for use in the Dental Pre-clinical department (Phantom Head).

At one time we obtained all the teeth we required from the 'locals and gas rooms' in the old out patients department, but, with the emphasis on prevention of dental disease, the public awareness of the importance of their dentition and the great increase in restorative dentistry fewer and fewer teeth are extracted. Then we were able to rely on a number of practitioners to keep us supplied but lately this source has decreased considerably although with our increase in student numbers our needs are greater than ever.

Natural teeth are invaluable for teaching, for learning their detailed anatomy both external and internal, to study the carious process, to undertake exercises in restorative dentistry including the use of materials and to learn endodontic techniques.

I am writing to thank all our colleagues for their splendid response to the appeal and to ask them to continue sending us supplies. Unfortunately some of the packages have not included names and addresses so we have not been able to acknowledge these.

I have also been most grateful for the innumerable delightful personal letters sent to me.

I made a similar appeal some years ago and received many sets of dentures with messages e.g. - 'Granny has died and I know she would like you to have them!'; exfoliated deciduous teeth-sent to Guys instead of the tooth fairies and many similar offerings which were all acknowledged but unfortunately were not what was required.

Yours faithfully,

Professor A H R Rowe
Former Dean of the Dental School

End of Guy's Rugby?

Dear Sir

After reading the April 1997 edition of the Gazette I was extremely pleased to read that Guy's had won the Hospital's Cup.

The rugby club should be wholeheartedly congratulated on a magnificent performance. I believe that this victory is even more important in that it is my understanding that this is the end of Guy's rugby as it has been internationally known, and the club has been forced to amalgamate with another club that does not have the tradition or history of Guy's nor is it particularly interested in the game.

It is apparent to me that this is another shameful example whereby

Guy's has been sacrificed by individuals (some of whom are Guy's people) for their own aggrandisement and political expediency.

Again I personally want to thank the Guy's rugby club for this significant and historical victory which means so much to those of us who are very proud to have been at Guy's.

Yours faithfully,

Robert G Walton

Hospital Corners?

Dear Sir,

Please inform Vernon Rice (Gazette Letter Sept/Oct '97) that he is not alone! I am not a nurse but I was trained in hospital bed making by nurses at the Isolation Hospital in Enfield where I spent six weeks in 1931 recovering from diphtheria at the age of nine. My husband and I celebrated our Golden Wedding three years ago but he still cannot achieve 'Hospital Corners'.

Yours faithfully,

Joan Wilby

Making the bed

Dear Sir,

I have been married to a Kings College Hospital trained SRN ('40-'43) for 55 years and have made beds to her entire satisfaction from the first day.

Yours faithfully,

Gerry Sichel
(Dr G.R.M. Sichel)

Dear Sir,

I suggest that Vernon Rice might convert to a duvet and thereby become a master in his own house!

Yours faithfully,

P.J Stiles, FRCS
Consultant Orthopaedic Surgeon

Dear Sir,

Could I suggest to my old friend Vernon that he invests in a Duvet - this eases for ever the pain of bed making!!

Yours faithfully,

Peter Readings

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Robert K Knight MBBS FRCP. An Appreciation

On the day Bob Knight was born, it was reported in The Times that United Services were to play Guy's at Honor Oak Park and predicted that it would be a hard Rugby match providing the spectators with the right kind of excitement; also, in the Personal Column of the same edition, there was an announcement from the Treasurer that "Guy's is on the danger list". These two items might well have foretold his future destiny.

He came to Guy's in the early fifties and his name can be seen in the Guy's Gazettes of those years as a regular member of the lst XV. He was a fearless scrum half and history was repeated when he played in the match against United Services in 1955.

After qualification and house jobs, he joined the RAMC, and spent most of the next two years with the Army in Libya. Before his appointment here as consultant physician in 1968 he had held posts as registrar and senior registrar in medicine at Guy's, had spent a year as a Fellow at the Johns Hopkins Hospital and had been Clinical Tutor where he was a past master at demonstrating clinical signs and could even percuss out a pleural effusion most convincingly on the blackboard. As a consultant he did his stint on various Committees - often as Chairman, was an Examiner in Medicine for the University of London and became a Governor of UMDS. For five years he was physician to the London Chest Hospital before leaving in order to concentrate on oncology at Guy's. His special interest was the medical management of carcinoma of the breast. Later he was Co-Editor with Professor Robert Rubens of the "Short Textbook of Clinical Oncology". He will be remembered at Guy's mostly for his skill as a physician; this is exemplified by many a Guy's man or relative benefiting from his care and by students and junior staff profiting from his teaching and their apprenticeship with him.

His outside interests include his knowledge of Keats, about whom he is asked to lecture all over the country and his study of Thomas Addison. He is an admirer of Winnie the Pooh, and he was the first to observe that recurrent arterial emboli act like Pooh sticks, ending up at the same site by following the main axial stream. In latter years, he has taken up singing lessons and a pleasing baritone voice with a touch of a Welsh lilt to it has been heard in performance in the Christmas Show at the local village hall - fortunately, not rendering the aftermatch songs of his Rugby days!

During the last few years, as a senior physician, he has led the fight against

Dr Robert K Knight
Guy's Consultant

those intent on destroying Guy's. This has not been easy when dealing with misguided and now discredited politicians whose patronage has produced a set-up compliant to this objective. His energy and efforts have been admired by all those who have Guy's interests at heart,

Bob Knight's irrepressible goodwill has enhanced the life of all those with whom he has been associated at Guy's. No matter whatever the circumstances, he was always the same - bounding with good humour, although this could be somewhat bawdy at times. There is a general consensus that he is much too young to retire and it is a relief to know that he will still be part of the Guy's scene as he continues to practice from his rooms in Keats' House. At one of his many farewell parties, he expressed the enjoyment of spending his working life associated with so many colleagues of such extraordinary talent. The same can be said of him.

George Scott

Departmental graft

In July of this year, after a long and patient wait, the dermatology department moved to the 3rd floor of Thomas Guy House from Hunts House where the furnishings, fittings and equipment had gradually become somewhat dilapidated.

Our purpose built department is now beautifully appointed with bright comfortable and state of the art equipment making the area welcoming and pleasant for patients and staff.

For this transformation we are entirely indebted to the Friends of Guy's Hospital who have funded completely the equipping of the department.

For ourselves, the staff, we are extremely grateful to the Friends of Guy's Hospital; and on behalf of our patients we would also like to express great appreciation.

Dr D M MacDonald

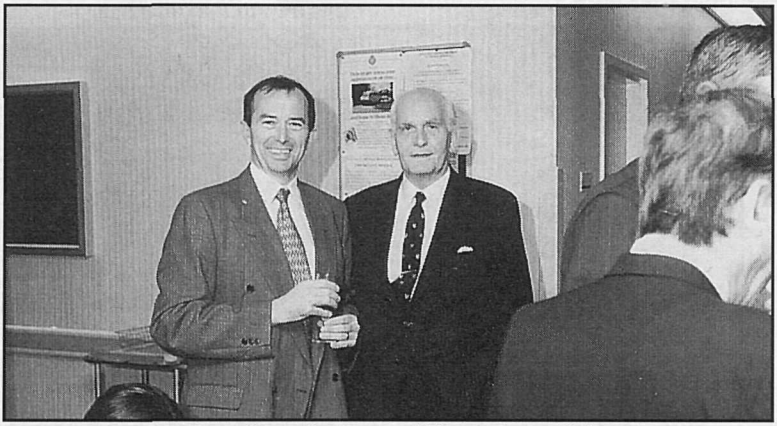
Chest movement

The Department of Thoracic Medicine has now moved into its new accommodation in Thomas Guy House.

The successful move was made possible by the great generosity of the Friends of Guy's Hospital, who provided excellent equipment for all the consulting rooms. We now have adjustable height couches, and a computer link to the hospital network in every room, both of which are enormously helpful in the care of our patients. In addition the furniture in the waiting area and in the offices was provided by the Friends. Our new Lung Function Laboratory was able to bring along its equipment from the old department, but the fittings in the laboratory were also donated by the Friends. All these have made a tremendous difference to the environment, the general running of the clinics, and the patient care we are able to provide in our new Chest Clinic. Patients have been very complimentary about these new facilities, and staff and patients alike are very grateful to the friends for their continuing help.

Dr P J Rees

The Dermatology Dept and Friends of Guy's



Dr Rees from the Dept of Thoracic medicine
and Dr Scott of the Friends of Guy's

Centre for Caribbean Medicine

The Centre for Caribbean Medicine is a joint initiative between UMDS and King's College School of Medicine and Dentistry, and the Faculty of Medicine of the University of the West Indies (UWI). Their aim is to work together in order to promote research and teaching in order to improve the health and welfare of the people in the Caribbean and those of Caribbean ancestry living in London, and elsewhere in the UK. The executive committee was established in the West Indies in 1997, and the UK in 1996, with Prof Adrian Eddleston, KCSMD as chairman and Prof Rod Hay of UMDS as Vice Chairman.

This new association will allow a major collaborative research effort on diseases affecting the Caribbean population, such as sickle cell, diabetes, and cardiovascular disease, including genetic, environmental, pharmaceutical and biomedical aspects. This will of course benefit the large population of Caribbean people served by both Guy's and St. Thomas' Hospitals.

The work of the centre will also include curriculum development to equip young doctor's to practice medicine in the rapidly changing multicultural society of the 1990's, staff and student exchanges, and developing medical education and professional development.

JR

Farewell to Room 7 Party

Farewell to Room 7

There is a saying in the family, when things are going wrong on holiday, - "Oh well, it's better than Out Patients".

Not so, on the 27 May 1997. A motley collection of physicians, both past and present, gathered together to say a fond farewell to Room 7 in Medical Outpatients, Instead of a great pile of notes and x-rays on the table, it was covered with an array of bottles and delicacies not just the usual cup of tea and, if you were lucky, a biscuit. The occasion was organised by Sister Laura Byers and Dr Robert Knight, who was the last physician to use the room before moving into more luxurious accommodation in Thomas Guy House.

Dr Christopher Hardwick came. He must have been amongst one of the first physicians to have held outpatients there after the last war. Dr "George" Houston, Dr Kenneth MacLean and Professors Maurice Lessof, Harry Keen and John Trounce all turned up as well as some young blood in the form of Lewis, Youlton, Williams and Cor (who took the picture, which is a pity as she was the most photogenic). Our long-suffering Nurses (Isobel Haseez, Brenda Faulkner, Lynne Aldridge and Margaret Gillies) who have put up with our tantrums over many years also came to say goodbye. There were some interesting reminiscences of unusual occurrences,

In the distant past, there were three screened couches in the one room, making it rather crowded but enabling students to help move things along by writing up the patients while the Registrars and the Senior House Officers were beavering away doing most of the work in the back rooms. For many years there was a Saturday morning Clinic, which was extremely popular, with a huge attendance but finally abandoned when it could no longer be supported by other services such as Records, Radiology and Pathology. Over the years many thousands of patients must have passed through this room and the benefits obtained were derived from the qualities of the doctors working there rather than the comfort of the surroundings. In spite of licks of paint from time to time, it could never be more than a rather stark, bare room perhaps not providing the best first impression of Guy's. Things are very different now in the new Outpatients in Thomas Guy House but, if perverse decisions triumph, it is a pity that there will be no hospital to go with it.

I also took part in this special Clinic. As usual, of course, I came on time and was the last to leave.

George Scott

(See photo opposite)

Hunts House

Following an interview with Professor Sir Cyril Chantler regarding the future of Hunt's House, I must confess that I am somewhat relieved. For those readers who have not been around the campus recently, it has abruptly been turned into construction site with a disappearance of the familiar green grass, and the sound of demolition ringing around the colonnade. To the uninformed, this may have been slightly disconcerting, however some of Sir Cyril's final words during our brief chat were comforting "The most important thing to me is the teaching of Medicine and Dentistry, not research, and I would do nothing to harm that". The following article reveals some of the changes afoot at Guy's over the next few years.

William Hunt was a Governor of Guy's, and a very wealthy man. At the time, the clinical wards of the hospital were confined to Guy's House. He left a large sum of money to Guy's Hospital to allow them to create the extra wards in the building now known as Hunt's House. This represented a major extension to the facilities the hospital could offer. In return he merely asked that his grave be interred in the crypt underneath the beautiful Georgian chapel, which even today has lost none of its splendour, opposite Boland House. This was to avoid desecration by grave robbers that were very active at round this time. Therefore the new building opened on October 9th 1852.

Its history is an interesting one, and far more in depth than I will divulge here. It was badly damaged in the Second World War due to a number of incendiary bombs, and the whole of the central staircase had to be replaced. It also possessed a huge spire which unfortunately was declared unsafe a few years ago and had to be removed. The rest of this tower structure however still exists, and represents the huge ambition of Victorian engineering in trying to create a circulation system which would take air in from the top and blow it out into the wards through a pump system. It never worked, and after its initial test run in which it blew smoke into the wards, it was shut down and never used.

The construction now in progress paves the way for a new Hunt's House. This is necessary to accommodate the merger between UMDS and King's College School of Medicine and Dentistry, and King's College London, which will mean a greatly increased number of students. Despite the hype surrounding the Tomlinson report, Professor Chantler revealed that UMDS had been contemplating a merger with King's for a long time, considering their plans to redevelop Cornwall House. This is at the south end of Waterloo Bridge, near to Waterloo station and opposite the headquarters of the Nightingale Institute of Nursing, and hence in close proximity to St.

Thomas'. When it became apparent that there was great support for the merger, it was more a logical progression than an enforced order to at least investigate their options further. Hunt's House will mean that all preclinical and science based teaching for medical and dental students of the new institution, to be named GKT (Guy's, King's and St. Thomas'), will be on one site. Cornwall House will contain other life sciences affiliated with King's.

Dealing with a greatly enlarged amount of students is not a problem that the medical school has overlooked. They are working hard to ensure that quality of teaching is unaffected, and that improving the pastoral care system is an essential part of moving forward in this venture. One idea being considered is the introduction of a college system, perhaps akin to that at Oxford or Cambridge consisting of 100 students with pastoral support systems based around these numbers. Different courses may run in parallel to help alleviate some of the problems, for example a four-year course for mature students. The School are already in the process of liaising with the student body to see how best to improve student recreational facilities. These improvements, although as yet undecided, could involve the newly built Great Dover Street halls, which was a joint venture with King's, which would see the development of its basement into perhaps a bar and cafe facilities. There was a desire to provide recreational facilities that did not revolve solely around drinking, such as coffee bar recreational areas. Another possibility is the use of part of the Greenwood Theatre for student recreational purposes. Whatever these new facilities turn out to be, there will definitely be an improvement on space and facilities for all students.

However the students will have to prepare for a continuation of the gradual trend of increasing the cost of student accommodation. UMDS has been subsidising the cost of living in halls for a long time, but are financially not able to do so any more, and are being prohibited from doing so by their funding sources. However, Sir Cyril was adamant that a profit would never be made out of Hall accommodation, and that all the money paid out in relation to accommodation was and will always be put back into it. He looked forward to a more mixed hall environment with arts as well as science students making for a broader preclinical social experience.

The total cost of the merger is about 170 million. About half this may constitute the Hunt's House project, and at least 12 million will go towards improving facilities in the existing buildings constituting UMDS, such as building a new clinical skills lab in Shepherd's House. Much work has been done to ensure that the modern design of the new Hunt's House fits in to the look and feel of the other buildings surrounding it. The contents will

consist of research labs which will combine the efforts of UMDS and Kings College London and create a potentially world leading research institute. It will also house extensive new library facilities, and CAL facilities as well. There will no longer be car parking in front of it, and the space will be used for a bigger grass expanse, to give the whole area a true campus feel. It is due to open in October 1999 although it could be delayed until the year 2000.

The Gazette's main concern was that the increased number of students might lead to a loss of identity, or that other facilities would be insufficient to cope. This interview went a long way to showing that the medical and dental school is well aware of the potential problems, and is working hard to make sure that they do not arise, and as little disturbance as possible is caused to the existing students. In Sir Cyril's own words "I would not do anything to harm Guy's. Students will prosper now and in the future from any changes we make."

Jason Roach

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They Also Serve

Dentistry in the Army

On the occasion of the battle of the Aisne in October 1914 and at a highly critical time, the Commander of the 1st Army developed severe toothache. There was no dental surgeon in the British Expeditionary Force in France to attend to him in his agony and he had to make a quick and untimely dash to London for relief.

Following this dreadful circumstance the War Office was requested to recruit some dental surgeons and by November 1914, a tribute perhaps to the influence of the stricken commander, twelve dental surgeons were recruited and sent to France to be attached to the Royal Army Medical Corps.

Three hundred years before, in 1617, John Woodall, a first Surgeon General to the East India Company, gave details of the contents of the chest required by the Company's surgeons, and which Charles I in 1626 authorised as a free issue to induce surgeons to join his expedition to France. The chest contained a surprising range of instruments for dental treatment although this must have been limited to rather brutal extractions of painful teeth and the repair of severe injuries to the face and jaws. Nelson had certainly not availed himself of the services of his surgeon, no doubt similarly equipped, because on the eve of the Battle of the Nile in 1798 he reported later that he was plagued by 'a damned toothache'.

'...on the eve of the Battle of the Nile in 1798 he reported later that he was plagued by 'a damned toothache'.'

At the beginning of the South African War in 1899 no provision at all was made for the dental treatment of the army in the field. Mr Newland Pedley of Guy's Hospital went at his own expense, and with equipment of his own design, to the theatre of war the following year; the first dental surgeon to treat the soldier in the field.

In the Boer War as in the Great War the wastage of men due to acute dental conditions was considerable. In South Africa two thousand men were evacuated to Britain on purely dental grounds and nearly five thousand were found unfit for service in the field because of the lack of dentures. On the day of the Battle of the Somme some five thousand men were unfit for battle as a result of acute dental

conditions. As in the case of the commander at the Battle of Aisne there was no help to be had. Such resources as had become available since November 1914 did not stretch to the front line. The treatment of battle casualties with injuries to the face, jaws and teeth, save in a few specialised units, was woefully inadequate.

During the twenty years of peace before World War 2 the Army Dental Corps was developed and in August 1939 when war was once more declared the number of dental officers - that is qualified dental surgeons- in the regular army was 205. By August 1945 this had risen to 2050. Dental treatment was available, and needed, in every quarter of the United Kingdom and in every theatre of war throughout the world. It is worth mentioning that even by the end of the second world war the French army had no properly organised dental treatment for its soldiers, while the Canadian Army Dental Corps was formed as early as 1915 and provided a dental surgeon for each field ambulance, brigade and divisional headquarters. The United States troops had a dental surgeon with each infantry battalion. The German army had reasonable dental care but the status of the dental section was lower than in the Imperial and American Armies.

'To the young man fresh from home undergoing the rigours of the parade ground...the extra burden of several lengthy sessions at the dentist must have seemed a most unwelcome extra burden...'

How did this translate into the day to day confrontation of the dental officer with serving officer or soldier? Before World War 2 an acceptable standard of dental health was a requirement of all recruits. During the war many men volunteered or were conscripted whose teeth were in very poor condition; some had no teeth at all. As the Army Dental Corps built up its strength it became an axiom that every new recruit would have his teeth put in order during his recruit training, Young men of eighteen who had left school at fourteen, often received their last regular dental inspection and treatment from the School dentist. In the four year gap, in the days before fluoride in the water and fluoride toothpaste, this was long enough for many young men to need several teeth filled and all too often one or more teeth extracted. It was relatively uncommon for an eighteen year old recruit to have an unblemished set of teeth. To the young man fresh from home undergoing the rigours of the parade ground, harried by the vigorous and vocal NCOs, receiving inoculations and vaccinations from the medical officer, the extra burden of several lengthy sessions at the dentist must

have seemed a most unwelcome extra burden, essential as it was. Dental treatment of the older recruit often meant the repair of ten to fifteen years of total neglect.

At the end of his training the recruit started on his new military career, in the majority of cases, 'Dentally Fit' as it was termed, and as far as the circumstances of the war permitted, regular inspections kept him so. In the field there were generally well equipped dental surgeries behind the lines at General Hospitals and Casualty Clearing Stations. Closer to the battlefield there was a dental officer with portable equipment in each Field Ambulance and Field Dressing Station.

A Division, in army terms, infantry, armoured or airborne was generally comprised of three Brigades. A Brigade had three battalions of soldiers plus artillery, engineers etc. and a Field Ambulance. A Field Ambulance had doctors, trained medical corps soldiers, transport and ambulances - and a dental surgeon.

When the Brigade was in action casualties were evacuated from the battle field to the Field Ambulance where primary treatment was carried out and then evacuated in an ambulance to the Casualty Clearing Station well behind the battle zone. During the battle the dental officer was busy helping the medical officers, and generally assisting the flow of wounded to and from the Field Ambulance.

'When the battle was over and the casualties cleared, as often as not a little queue formed outside the dental clinic...'

When the battle was over and the casualties cleared, as often as not a little queue formed outside the dental clinic either in a building or in the open air and the regular flow of dental treatment, which had been interrupted by the latest crisis, began again.

During the last war a dental officer in the field had two oblong wicker baskets and a folding dental chair, usually of an aluminium alloy for lightness. The two baskets (standard size medical panniers still with rings attached in the unlikely event of being transported by packhorse or camel) contained all that was necessary for basic dental treatment, relief of pain, extractions, fillings etc. Further down the line x-rays were available if required and more advanced treatment for shattered jaws and teeth was provided at the Casualty Clearing Station. Behind the lines there was a maxillo-facial unit with a plastic surgeon, anaesthetist and dental surgeon and a well trained surgical team, where specialist treatment for injuries to the face and jaws was carried out.

Thirty two dental officers and forty two other ranks of the British Army Dental Corps were killed or died in active service, and a number in the Dominion armies, notably in the war against Japan. More than a hundred were held as prisoners of

war in Europe and in the Far East. Wherever possible dental clinics were set up in prisoner of war camps, either with equipment that had been taken into captivity or supplied in widely varying quantity and condition by the captors.

Much heroic work was done in the primitive medical centres in the Japanese prisoner of war camps, crude dental chairs were constructed of bamboo stakes lashed together, instruments were used until they wore out or broke, and then repaired and used again. Much work had to be done without local anaesthesia because such bottles and ampoules as had been salvaged were often needed for major operations by the prisoner surgeons. The willing and courageous help given by Major J.E.R.Clarke MBE of the Australian Army Dental Corps to the great Weary Dunlop is recorded in the latter's 'War Diaries'. As well as operating in his primitive dental clinic Jock Clarke was an invaluable aid in running the camp medical centre and in negotiating with the Japanese.

Everywhere the army served, under whatever circumstances, dental treatment was able to be provided from the most elementary to the most complex and the dental nightmare suffered by Nelson or at the Battle of Aisne had little opportunity to recur. By the end of World War 2 the number of attendances by soldiers for dental treatment was recorded at over twenty million. In 1946 HM King George VI approved that The Army Dental Corps should become the Royal Army Dental Corps. This was regarded by all members of the dental profession and all serving officers to be a fitting reward for devoted service. The Corps badge was redesigned and the intertwined 'ADC' being replaced by a dragon's head and sword within a laurel wreath surmounted by a crown. The motto 'Ex Dentibus Ensis' (from the teeth of a sword) refers to the Greek legend of Cadmus who sowed dragon's teeth from which sprang armed men.

Picture an army which required 14.5 million fillings. 8.5 million teeth extracted and nearly a million artificial dentures. Then picture the same army if none of this treatment, which we nowadays take so much for granted, had not been done. It is all part of the tail that wags the dog. Everybody who serves contributes, and the fighting troops fight better for it.

Donald Dawson

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The Life of Sir Edward Dunlop. Sue Ebury

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Lady Diana Cooper and Sir William Arbuthnot Lane

'Aristocracy working at Guy's'

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In April 1992, with the election won, a confident John Major spoke of his vision of Great Britain as a classless society at ease with itself. The opposition laughed at him of course, but if the Prime Minister needs encouragement he could compare the Great Britain of today with that governed by Herbert Asquith in 1914. Class is now quaint by comparison; then it dominated every aspect of British life and the meritocracy John Major dreams of was not on the agenda. Queen Victoria was dead, but her Empire thrived. I once fixed the broken hip of an old Southwark lady (Lily, Gracie or Queenie, I forget) who had waved her Union Jack as the dead Queen passed by. She wept then and the Empire wept with her.

By 1914 Great Britain had a new King but remained a nation of vast wealth and confidence. Most wealth lay with perhaps 60, fabulously rich, families and, directly or indirectly, so did political power. Like any elite the status quo had to be maintained. Anything that affected or threatened it, but especially marriage and producing an heir, were the occupations of the day.

Into this world and into one of these families was born, on 29 August 1892, Diana Manners, later Lady Diana Cooper. Like another Diana of a generation to come she claimed attention and adoration. Her conception itself was romantic, perhaps drunken and perhaps not legitimate. Her mother was Violet Lindsay and her mother's husband was Henry Manners, later the 8th Duke of Rutland. The Duke was interested in fly-fishing and fornication but not with his wife, and so he was confused when she presented him with a beautiful clear eyed daughter whose birth for reasons of his own he did not register.

A poorly-kept secret in London at that time was that Henry Gust was the Duchess's lover and the father of this new child. Gust was an handsome, swashbuckling sexual adventurer; an Errol Flynn before moving pictures, a player of nude tennis. If he wasn't Diana's father, and looking at photographs of them and especially the crystal clear blue eyes they shared, it is difficult to think otherwise, he should have been.

By 1914 she had become the brightest light on the London social scene and later the west end stage. She was a member of the coterie; a circle of bright, rich young people who kept the court and social columns of certain newspapers and the gossip columns of others full. Gorgeous looks were only part of her appeal. She was incandescent. In crowds all eyes were on her. Her entrances and exits were legendary. Young men, and a lot of old ones too, buzzed around her like insects around a porch light, making fools of themselves. She enjoyed this power she had over men; it was a muscle, and she flexed it often through her whole life.

Diana pictured a year or so before the end of the Great War

In late Summer 1914, a few days before Diana's 22nd birthday, bellicose posturing became conflict. It would be over by Christmas of course. But Grey, the Foreign Secretary, had more prescience: 'The lamps are going out all over Europe', he wrote and he was right, but he wasn't talking about ballroom illumination and even he had no idea how many would be extinguished.

The Great War was great in many terrible ways but in no way its prosecutors intended. It emptied the coffers of the British Empire, changing huge credit to huge debt, and killed a million of its male subjects. Bullet wounds were of low velocity, contaminated with mud and tunic, and many soldiers died slowly on the battlefield for want of evacuation. Others died during slow transportation to field hospitals at a time when shock was not understood. More died later, even as the surgical lessons of other conflicts were relearnt, from sepsis in an era before

resuscitation and antibiotics. Casualty figures became meaningless numbers, too awful to comprehend. Newspapers contained pages filled with nothing but names of those lost; no family in Britain was untouched. The hardware of killing and maiming was much more advanced than the tactics of attrition but no-one could think of anything else. Tacticians still believed a cavalry charge was the answer to the machine gun; all they needed was firm ground and good weather.

But in 1914 no-one knew this yet and Britain was swept with patriotism. Naive young men spoke of death as a great adventure and rushed to join up. Diana Manners was not short of patriotism herself and she was determined to follow the British Expeditionary Force to France as a nurse. Her will clashed with her mother who feared rape and their unholy rows ended in compromise; Diana would become a voluntary nurse at Guy's Hospital.

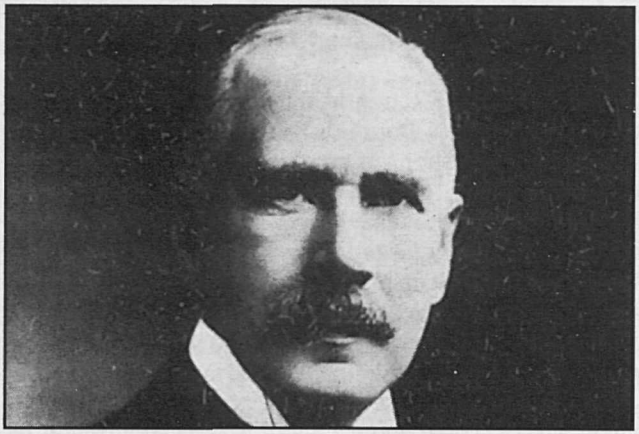
In October 1914 she exchanged her home in Arlington Street by the Ritz Hotel, filled with every comfort, to join Guy's in the heart of Southwark and 'end her life of grim monotony'. It is doubtful she had ever strayed as East or South in London before. Why she chose Guy's is unclear but the Prime Minister's son Raymond Asquith wrote to her to bring her to her senses. She was parent-dodging, had no idea of the drudgery, but worst, the uniform was disfiguring. Diana dug in her heels and would not listen. Shifts were 10 hours long and the male ward she worked on was a 'stinking bolting-hutch of beastliness' filled with 30 'whining' men.

Whatever her motives, and not quitting was among them, she stuck to her task and perhaps warmed to it. Like all who have been through nursing or medical training she lost the instinct to turn away. Her greatest triumph was acceptance by patients and staff; a modest goal for the rest of us but a considerable achievement for one with her background in that age. The novelty of having someone so highly born doing the most menial tasks for the Bermondsey salt of the earth (soldiers came later) soon faded. She accepted dressing downs from the sister with grace and came to agree that the task was everything and her vanity nothing. In Lambeth music halls Gilbert the Filbert, an attraction of equal billing with Chaplin but alas not destined for showbusiness immortality, made them laugh about aristocracy working at Guy's: 'I'll eat a banana with Lady Diana' he sang.

Duff Cooper was a member of the coterie who did not go straight to France because his work as a foreign office clerk was considered too valuable, although naturally he wanted to. He was the son of a surgeon, charming and intelligent but not the tallest, not the most handsome of the coterie. His reputation from days at Eton and Oxford was of a man with potential too fond of the bottle and women to realise his talent. He fell in love with Diana as they all did but perhaps a little

slower than usual and for a while at least was not so besotted to neglect the pursuit of others.

The Duchess did not approve of that awful Duff; he was not born high enough or rich enough and he was too clever by half. Much of their courtship happened by letter or out of her gaze. It began in 1913 when Diana spelt his name Coowper (her spelling remained inventive throughout her life) and he wrote back signing himself Cooowper. Their letters were passionate, overblown, and spoke of their love in very grandiose ways. But that was the fashion of the day and both wrote and received similar letters to and from others every day.



Sir William Arbuthnot Lane FRCS, senior surgeon at Guy's Hospital and one of the most eminent sugeons of his day

By June 1915 their relationship had matured to a point where, drunk at a wild party at the Cavendish Hotel, they exchanged blows over a comment neither could recall later; Diana drew blood. The same month, also drunk but this time in Brighton, they fell over each other descending steps to the beach. Duff bruised his kneecap but Diana broke an ankle and she knew from her days at Guy's that it was a serious one named after Percivall Pen, a Bart's' man. She needed an operation.

Two days later she was taken to Guy's to be seen by Sir William Arbuthnot Lane FRCS, Senior Surgeon at Guy's and one of the most eminent surgeons of his day. He was by then four years from retirement and becoming, judging by his management of constipation with total colectomy, somewhat eccentric. Duff was concerned about the choice of Lane as surgeon. He wrote to Diana that Lane was not a specialist in legs. He was an ambitious man who looked higher, and Duff hoped Lane looked no higher than her ankle during the operation. Duff was yet to meet Lane and might have heard of him from his father, Sir Alfred Cooper FRCS, himself a distinguished surgeon, a venerealogist, and probably familiar with the gossip about Lane at Lincoln's Inn Fields.

But Duff was wrong in one respect; Lane had written brilliantly about the treatment of fractures and was especially wise on the subject of the broken tibia. His patients were likened to working machines; a broken leg, badly set, reduced the efficiency of the machine by 80 per cent or more leaving the patient unable to earn as before, unable to look after his family and forced to rely on charity. The problem he identified was the failure of manipulation and plaster casts to reduce and hold many tibial shaft fractures properly. If there was union it was often a malunion, and the patient could no longer do manual work. How sadly true this remains 100 years later!

Lane's solution was to pioneer internal fixation of fractures using steel screws and plates bought from a hardware store in Borough High Street. Were he alive today listening to Swiss and German orthopaedic surgeons of the AO School preach their philosophy of restoration of function by restoration of anatomy he would conclude that they had reinvented the wheel, his wheel.

Lane was born in 1856 and came to Guy's aged sixteen. He was the son of an army surgeon and was to become another Scotsman who made The Royal College of Surgeons of England great. He spent six years in the dissecting room trying to relate the anatomy of cadavers to their occupations in life. He was technically a superb surgeon, dextrous and quick. In 1892, the year Diana was born, he introduced the 'no-touch technique' to minimise sepsis. This still has its champions, more than ever in a new age of worry about contamination of surgeon by patient. Precise advocates never allow contact with the 'business-end' of instruments and fingers in the wound are forbidden. Another orthopaedic surgeon at Guy's, Adrian Henry, nephew of AK Henry the great Irish anatomist, later acknowledged the debt we owe Lane but fondly lamented that too many surgeons practised with a 'no-technique touch'.

Lane's fastidious attention to detail came to the notice of the fiction writer Conan Doyle. At least some of Lane lives on in Sherlock Holmes. Holmes dissected facts the way Lane dissected the abdomen but where Holmes was infallible, Lane was cursed with tunnel vision and worked in a pioneering age, decades before audit would have halted his colonic massacre. But his legacy in trauma surgery remains unblemished. Had they been contemporaries, Pott might have taken his broken leg to Lane at Guy's instead of enduring the agony of a much longer journey on a door carried by four men over London Bridge to what he imagined was the safety of Barts.

Lane fixed Diana's ankle with steel screws and a plate. There are hints in her correspondence of a complication. It might have been wound breakdown because two or three days after an ankle fracture is not a good time to operate with the ankle swollen and the skin tense. She rehabilitated in a nursing home in Manches-

ter Street, near Harley Street. She was surrounded by flowers and chocolates and fruit, besieged by admirers and hooded with letters. She eventually healed and returned to nursing at Guy's, often complaining to Duff about the ache in her leg at the end of a shift.

The members of the coterie fell in France one by one and Diana turned to morphia for comfort, obtained quite openly by servants from a chemist next to the Ritz. This might be something else she learned at Guy's! By May 1918 Duff was in France with what was still called the British Expeditionary Force. His letters to Diana became more frequent, more desperate, more sincere. Put simply, they found they needed each other. They spoke of marriage.

In August 1918 he became a hero. He led those left standing through thick fog into a German trench and captured it. He was 19 years old. He found the experience exhilarating. 'It was', he wrote 'what the old poets said war was and what the new poets say it isn't'. For this action second lieutenant Duff Cooper was decorated with the Distinguished Service Order-and a brilliant future in politics and the foreign office beckoned.

The Great War ended and the combatants retired exhausted to lick wounds. In Russia, revolution murdered the Romanovs and swept away the class system. It didn't last long in Germany either. In Britain there was huge social upheaval that fell short of revolution but changed things forever. Women could no longer be denied the vote, the wealth and influence of the great families was badly dated, the economy was devastated. But worst of all a generation of young men including the best educated and most talented had been sacrificed in the mud and gas of the Western Front. The patriotism of 1914 was forgotten; Britannia no longer ruled the waves.

Lane and Diana met again when she called him out of retirement during an attack of hypochondria when she was convinced she had breast cancer having seen a number of cases at Guy's. Lane advised pregnancy; a good suggestion as the likely diagnosis, if there was one, was fibroadenosis. Diana dismissed him; she'd been trying for this since her marriage. Ultimately a Portuguese quack called Gomez told her it was thyroid trouble and this quietened her somewhat. In view of her abundant energy and notoriously short attention span-she once asked the dinner guest next to her who he was and what he did five times-Gomez might even have been right.

Lane retired in 1919. His last house surgeon, Graham McKim Thomas, organised the final ward round and operating session on Friday, 31 January 1919. All his previous house surgeons were invited to attend what must have been a very grand round indeed. They took tea on Martha ward at 4 p.m.

Duff went into politics and later returned to foreign service. His courage didn't fail him when, disgusted with the appeasement of Hitler, he resigned from Chamberlain's cabinet. Diana became an actress on the stage and in early films but mostly she remained famous for being Diana. Their marriage was enduring and happy if unconventional. They rubbed shoulders with all the major players in politics and show business of the first half of this century. In Diana's case she continued well into the second half too. Winston Churchill captured her personae best with a game he played at balls. Women were rated by how many ships their face would launch, from 0 to 1000. Only two scored 1000: one was Clementine Hozier, whom he pursued until she was his wife, the other was Diana.

Will we see her like again! Doubtful. We progress fitfully towards meritocracy. There is no longer a ruling class. The upper class is ridiculed, the Royal Family humiliated. Bets are placed that we shall be a republic by the turn of the century. No Diana Manners would last in this vulgar age of satellite television and one-day cricket, nor would she want to.

The plate in her ankle! It corroded as years passed and the skin over it broke down. When the time came for its removal she sought out another Guy's orthopaedic surgeon of distinction, Michael Laurence, who found the plate had all but dissolved and the screws no longer had threads. He keeps them in his private collection amongst other implants that Lane had the courage and pioneering instinct to insert.

Acknowledgements

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Neil Slater MA FRCSEd FRCS(Orth)

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continued from Sept-Oct issue....

Objections of the medical staff to the new regime

If the students' protests were hard to quash, those of the medical staff were to prove even more so. A collective letter objecting to the nursing changes signed by 21 of the medical staff was sent to the treasurer on 1 December 1879, a month after the matron's arrival[25]. Lushington was unimpressed. He was encouraged by a letter[26] from Sir William Gull, consulting physician to Guy's, who lived next door to Dr Habershon, the first signatory of the letter:

> "Dr Habershon has just read to me a "protest" written to you about the Lady Superintendent and the nursing. From my point of view the position of my colleagues is *untenable*. It is natural that if the cases under their care are not properly nursed the faults so arising should be at once brought to your attention for rectification but it would be subversive of your office if your efforts could be made abortive by any protest of a general kind and by usurping powers which are properly in the legislature and executive officers of the Hospital. I earnestly say that with all respect to the staff...they have not fully comprehended their duties to Guy's and I equally earnestly advise patience and care in the pursuit of the objects now before you *not their abandonment*."

The treasurer pointed out to the physicians that no changes had been made contrary to the 1874 rules - they were merely being enforced - and that all orders were in fact his, merely being relayed by Miss Burt. He added[27]:

> "...my difficulties have been considerably increased by the support and encouragement which have been openly afforded to some of the Sisters to deride and resist the authority of the new Matron."

Gull encouraged him in his stand[28]:

> "I earnestly hope you may be able to carry out plans which must be useful... PS If the nurses strike and leave it will be possible to obtain others by appealing to the nursing institutions. The improvements must certainly be carried out."

Driven from their standpoint that the new arrangements arose from some fiendish scheme of the matron, the doctors tried a new tack: they accused her of intending to bring in a religious sisterhood, and in a final despairing fling[29]:

> "...as regards the dress...a prudent matron, *a woman who knew women*, ought certainly to have warned you of the storm its introduction (with such great precipitation) was almost certain to introduce, and, knowing this, she ought to have advised and entreated you to postpone its introduction..."

This was surely an odd accusation to make concerning the eldest of eight sisters, who had been in charge of large numbers of women for the past five years. The governors, despite receiving petitions from the senior students and the sisters, as well as "memorials" from the staff protesting at dismissals of intransigents and proposals to rotate nursing staff between wards at three month intervals, at first refused to get involved, resolving on 10 December "...to decline to express an opinion thereon or to interfere with any arrangement which the Treasurer may have already made..."[30].

The Governors' Committee of Enquiry into the dispute

Dissension continued, however, culminating on 5 February 1880 in a 23-paragraph statement to the president, treasurer and governors of the hospital signed by the medical staff[31]. This was answered, point by point, by the treasurer (describing one complaint as being "really too puerile"), but this time the governors decided that the matter must be thrashed out. They accordingly appointed a subcommittee of seven governors to hear evidence from all parties concerned. The hearings extended over three days, the 3, 10 and 11 March, and the printed shorthand transcript consists of more than 200 closely printed pages. A great deal of it is prolix in the extreme, but there are some interesting nuggets. Dr Walter Moxon, who appeared to have a morbid fear of religious sisterhoods, later inveighing against them in an article in the Contemporary Review[32] and a letter to the Times[33], alleged that Miss Burt had admitted intending to introduce the King's College system and that:

> "...King's College Hospital, from being a great medical school, has, under the King's College system, so-called, descended greatly, and fallen to be a very moderate and ordinary medical school."

- a point repeated by Dr Samuel Wilks. There had been a dispute between the St John's Sisterhood, who had trained Miss Burt, and King's College Hospital in 1874 - in which, however, many of the medical staff supported the sisters[34] - and enrolments at the medical school had indeed declined, but according to Dr Frederick Cartwright, a medical historian and member of King's medical staff (writing in 1963[35]), this was in fact due to the loss of powers and reputation of the hospital's most eminent surgeon, Sir William Fergusson:

> "His lectures had become nothing but boastful accounts of his own out-dated methods, and the students ceased to pay any attention to him. When he died [in 1877]...the number of students in the medical school had fallen to the lowest since the hospital was founded."

Moxon asserted that:

> "...Guy's Hospital is more a medical school than a place for sick people; the best place for sick people is the parish infirmary... the changing of nurses tends to reduce the efficiency of the ward as a means of medical tuition..."

that is, the hospital should be run for the benefit of students, not patients! Gull's comment in a letter to the Treasurer on 23 July makes a valid point[36]:

> "...Society is now alive to the necessity of advancing the claims of the sick to be attended by a more educated and more highly trained class of women. Therefore to say the least of it the action of my colleagues at Guy's is an unfortunate obstacle against this most desirable object...It is idle to say as some have that Guy's was never intended for the instruction of nurses, neither, I may reply, was it intended for the instruction of medical students..."

The main complaints of the medical staff seem to be that they had not been consulted (though the Treasurer's decisions had never hitherto been subject to consultation), and that trained nurses were undesirable in a teaching hospital where the students should be undertaking procedures such as dressings. They preferred the "ward system" where nursing staff remained on the ward indefinitely and thus became accustomed to the doctor's idiosyncrasies of treatment. For them, the "Sarah Gamp" type was preferable to the "Nightingale" style nurse. They alleged that the new system resulted in nurses challenging doctors' decisions, endangering patients. Dr Steele, the Medical Superintendent, however had "...not the slightest doubt as to the superiority of the new system over the old." Miss Burt was called before the committee to give a statement as to what she

considered had been the defects in the old nursing system, and of what her new system consisted. She added:

> "...as yet my own system has not at all events had a fair and proper trial. In fact I may say that for the past four months it has been a more difficult task than anyone knows to carry on the nursing of the hospital at all... When I came here it was with the understanding, on my part at least, that I was to try and improve the condition of the nursing arrangements, and if I cannot do this, I cannot stay... Unless more good feeling is shown and assistance given me by the staff to suppress the spirit of insubordination which exists among some of the old Sisters, I feel convinced that any exertions on my part would be useless."

On 17 March the governors expressed their opinion, as a result of the enquiry, that "...no fundamental changes contrary to the rules of 1874 have been made, and that the Matron has not exercised any authority in this respect without consultation with the treasurer and the Superintendent."[37] The doctors' demands that the matron should be dismissed and the changes reversed were therefore refused, but the governors did recommend that the medical staff should meet with them, the treasurer and the matron to discuss administrative details.

The Governors' attitude hardens

The subcommittee reported in June[38]: it confirmed the governors' findings, but admitted that there had been some infelicities in the introduction of changes. It recommended that the medical staff should be invited to nominate two members to join the taking-in committee, to be held monthly to discuss the nursing arrangements. This conciliatory gesture, however, failed to reduce tensions. Dr Steele's weekly report for 23 June 1880 reads[39]:

> "Last Wednesday morning a large body of students, about 200 in number, met by premeditated arrangement in the colonnade and at 10.45 am, when the Treasurer and Superintendent were on their way to the taking-in room, they assailed them with hisses, groans and shouts, followed up afterwards with cheers for the medical staff. An account of this demonstration and justifying the proceeding appeared in the Times and other papers of the following day in a letter signed by Messrs Maylard and Russell, who hold the offices respectively of House Surgeon and House Physician to the Hospital, and at a meeting of Governors hastily summoned on the same day it was resolved that pending the meeting of the Court fixed for the 23rd of June Messrs Maylard and Russell be suspended from their offices..."

However, on 23 June the governors received an apology from the offenders, and reversed their suspension. Nonetheless, they were now resolved to crack

down hard on dissension. Already in May the governors had deplored the prolonging of the controversy in the public press by members of the medical staff (letters and articles had appeared in the monthly Nineteenth Century as well as in the Times and Contemporary Review), and had recorded their determination to uphold the treasurer's authority. This determination was put into practice at the meetings of the Court of Committees on 29 September and 7 October. At the first meeting the governors discussed a memorial printed in the Times and addressed to them from the St Saviour's Board of Guardians, a local body distributing poor relief, which made various allegations concerning the management crisis and the governors' handling of it which could only have emanated from sources at Guy's (St Saviour's had no connection with the hospital). The governors drafted a reply which was later printed in the Times refuting the allegations, justifying their actions and pointing out that it was in any case no business of the guardians. On the 7 October the governors considered a "circular" (dated 13 August) addressed to the President of the Governors and signed by Dr Habershon, the senior physician, and Mr Cooper Forster, senior surgeon "on behalf of the medical staff", in which they declined to join the taking-in committee. The governors interpreted part of the letter as accusing them of deliberate mismanagement, and they passed resolutions to the effect that[37]:

> "...it is the attitude of the Medical Staff which alone impedes the harmonious working of the Hospital."

> "...Dr Habershon and Mr Cooper Forster having made themselves responsible for a circular in which they refuse the means offered them by the Court for bringing all complaints before it, and impute to the Governors that they knowingly persist in a mischievous system, are hereby required to resign the posts which they hold in the Hospital."

The bluff of the medical staff had been called. The following week the staff wrote to the governors asking to withdraw the offending circular, agreeing to send representatives to the taking-in committee and (in a gesture of solidarity) accepting collective responsibility for the contents of the offending document. Habershon and Cooper Forster, in a separate letter, also withdrew the circular. Under these circumstances, the Court deemed their resignation unnecessary. On the 6 November the British Medical Journal announced that the first taking-in committee with representatives of the medical staff was to meet[40]. It also published a ballad sent to it anonymously[41]:

"Shade of kindly Thomas Guy
Shall the poor be left to die?
Things are daily growing worse,
Doctor's power usurped by nurse,
Governors writing letters long,
Right today, tomorrow wrong:
Tell, O tell us, who's to blame
For this tale of death and shame?"

The final resistance on the part of the medical staff came before the Court of Committees on 25 November. A letter was read from Dr Hicks expressing disapproval that the taking-in committee was not to decide on the appointment of nursing staff. The court resolved that this matter should be in the hands of central authority, and therefore the existing rules would continue (ie the treasurer would appoint and dismiss staff, and report to the committee). At the same meeting the resignations of Habershon and Cooper Forster were tendered and accepted. The Governors had no sympathy with their principal opponents, and when at the meeting on 16 February 1881 Sir Trevor Lawrence proposed that grateful acknowledgement should be made of their "long period of active, faithful and valuable service" the resolution was withdrawn following discussion.

Reconciliation and consolidation

With the loss of the ringleaders, dissent was almost over. In February 1881 a new set of rules for the nursing staff, superseding those of 1874 and drawn up in consultation with the taking-in committee, was adopted. On the 8 March 1882 the Treasurer was able to report to the Court that he had received important testimonies of the improved condition of nursing in the hospital, including a statement from a patient who had been a nurse at the hospital seven years before[42].

Miss Burt's resignation

Although Miss Burt had succeeded in introducing her system of nursing, the strain of constant opposition may have proved too much for her. On the 8 November 1882 she tendered her resignation because of her approaching marriage. This took place on 2 December at Hampstead, and the chaplain of Guy's assisted at the ceremony[43]. The following week the governors recorded a resolution that their "best thanks" should be given to her "for the valuable services rendered by her to this institution". There is no record of a presentation being made to her by the governors, but she mentions in her will a gold bracelet given to her by the sisters. Announcing her marriage, the British Medical Journal, hitherto uniformly hostile to her, commented[44]:

"...In many respects Miss Burt has rendered a service to the nursing of Guy's Hospital, which she has latterly improved...Guy's Hospital is all the better for her short but stormy passage through it..."

Her husband was Alfred Field, a 67-year old widower from Leamington with two children in their thirties. Field was something of an entrepreneur and had made a fortune from steel products. He died 17 months later, leaving his wife £20,000.

"The good is oft interred with their bones..."

Margaret Field survived her husband by eight years, dying of pneumonia at the age of 51 on 29 December 1892. She had been crippled by rheumatoid arthritis for five years[12]. In her will she left £100 to Leicester Infirmary: unsurprisingly, there was no bequest to Guy's. The difference in attitude towards her at the two hospitals is illustrated by their memorials to her. In the chapel at Guy's is a wall-plaque erected by "A few friends and colleagues" with the epitaph "She hath done what she could". By contrast, at Leicester Infirmary there are two memorials: in the chapel a stained glass window depicting St Margaret and St Elizabeth in a play on her name, and in one of the wards a tiled plaque: "1893 St John's Ward. This ward was refurbished and redecorated in grateful memory of Margaret Elizabeth Burt, Lady Superintendant of this infirmary from 1875-1879. It was here that she began her valuable work of organising the system of nursing afterwards adopted throughout the infirmary." Lushington remained treasurer until 1896. In 1891 he gave evidence to the House of Lords Select Committee on Metropolitan Hospitals[45], in which it is apparent that the system of nursing he and Miss Burt had set up 10 years earlier was still in place: despite the protests of the medical staff on its introduction, it had clearly proved workable. The "great nursing dispute" ended in the victory of the management of Guy's, who succeeded in introducing a more modern system against the opposition of the conservative medical staff, but at the price of oblivion. A Times editorial claimed on 6 December 1886 that[46]:

"Only a few years ago, the then Treasurer, rashly set himself to revolutionize the system of nursing in the hospital, with the result that for some days there was danger of the retirement of the whole of the medical and surgical staff, and that the preposterous alterations intended were not finally set aside until the services of some of the senior physicians and surgeons had been lost to the institution."

No-one would guess from those words that both the Treasurer and the system of nursing were still in place. If that impression could be conveyed only six years later, it is not surprising that a century afterwards the whole episode has been forgotten at Guy's.

Acknowledgements

I am indebted to many people for the time and considerable pains they have taken to assist me with my research on Miss Burt and the nursing dispute. Thanks are due in particular to Mrs Barbara Freeman, Dr Aubrey Stewart, Professor RA Cawson, Dr Ernest Frizelle and the staff of the University of London and British Libraries and of the Greater London Record Office.

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The range of picture atlases and question books based on clinical photographs is growing continuously. Their appeal lies in the intrinsic attractiveness of pictures as a way of learning, and their use increases as the exposure to pathology 'in the flesh' decreases for the average medical student.

In previous reviews of other books in this series, I have commented on the layout of questions, with the answers collected at the end of the text rather than on the page following that which holds the question. This makes self testing rather more cumbersome.

That aside, however, the high quality of the photographs, including many retinal images, is superb, and the full range of ophthalmic disease is represented. That said, however, I feel that much of the pathology described is outside the remit of medical students. Indeed MRCP candidates may also find that some of the conditions described are outside their concern. The book does, however, cover basic general ophthalmology well, with good examples of retinal and orbital disease, and as such would be a useful addition to the Membership candidates library. To be fair to the authors, they suggest that this book would be aimed at ophthalmology residents and specialists, and I am sure that this is an appropriate target audience.

This small pocket book is attractive and covers a wealth of ophthalmology. It is appropriate for its target audience, but rather esoteric for a general medical audience. As a thorough guide for MRCP candidates, it certainly has a place, but I would suggest a more basic text for Medical Students.

Dr Geoff Smith

Churchill's Pocketbook of Clinical Dentistry

IG Chesnut and J Gibson
Churchill Livingstone
ISBN 0443053758 £16.95

This book joins others on the shelves in the ever growing market of handbooks for clinical practice. However it is only the second pocket dental handbook available and therefore comparisons can only be made with its equivalent (who shall remain nameless)!

Appearance wise this book is pocket sized and approximately a third slimmer than its peer, despite being the same price. However just quickly glancing through this book, the text presentation is striking in that it is well spaced and reader friendly. So quick

glances into pages will not mean having to scan read most of the page to extract information. There are numerous illustrations throughout which help to break the text up into manageable pieces. The use of colour on pages works well and the feel of paper for pages is pleasant.

The references throughout are up to date, with the authors making no attempt to imply this book is a comprehensive textbook for clinical dentistry. All the clinical disciplines are briefly covered, with a core and basic knowledge level assumed from the reader within each. Practices to avoid and situations to be wary in are clearly marked throughout.

This book would serve well as a 'white coat accessory' on the clinical floor. Any student at the back of a tutorial struggling for an answer would have ample opportunity to look up the answers required in a teaching session due to the index being on the front cover. Its success could be a pitfall though as with most dental practice, information dates quickly and to some extent the authors have compensated for this by referring readers back to recognised sources for clarity.

On a scale of 1 to 10, this book would score 8/10.

NA

Readers should be aware that the life support algorithm in this book is incorrect due to the European Resuscitation Council guidelines having recently being amended.

Colour Guide to Periodontology

P Heasman, P Preshaw and D Smith
Churchill Livingstone
ISBN 0443057052 £12.95

You'll either love this type of book or you'll hate it, much of which depends upon how frustrated you get trying to figure out what each clinical photograph depicts. This book contains well over a hundred colour pictures encompassing histological, pathological, radiological and clinical situations. So for the poor student who always gets the patient with chronic gingivitis, this book is an excellent substitute for their limited clinical exposure.

All manners of disease seen in periodontology are depicted in this book, along with some trendy new pictures about implants and peri-implantitis. All the photographs have accompanying text explaining the essence of the photograph and its relevance to clinical situations. Admittedly there are one or two photographs which you end up looking at and thinking why on earth have they been included (see page 56). But even these could be justified on the grounds of attempting to enhance limited clinical technique.

This book would be best suited to the student who wants to see lots of clinical material before an exam. The overall layout of the text means that additions

can be made where required to aid the retention of information.

NA

Picture Tests - Imaging

J. Hughes and M. Hughes
£9.50 - Churchill Livingstone
ISBN 0-443-05591-2

Walk into any Dillon's or Foyles, or medical School bookshop, and you will be overwhelmed by colour atlases and books of picture questions on any subject you possibly care to choose in medicine and dentistry.

The kind would say that they provide examples of pathology that are rarely seen or may be missed by the average student. The cynical may point out that they are becoming a surrogate for being on the wards and gaining clinical experience with real patients.

Interpretation of radiological images is becoming a more and more complex art. In the 100 years since medical X-rays have appeared, our ability to image the human form and its structure has exploded into a huge array of techniques, from the chest X-ray to magnetic resonance and positron emission, with the high definition and functional images they provide. This book of such images aims to cover this vast area in 186 questions, and accomplishes this well, with no common area of imaging missed. The images themselves (there are 200) are high quality and demonstrate diagnoses clearly. As such, dipping into the book is enjoyable.

There are, however, two points to comment on. Firstly, and this is a criticism that I level at many books of this type, It is easier to read through and self test if the answers are on an adjacent page, rather than together at the back of the book. Secondly, I would prefer the questions to be divided up into image types, having chest x-rays together, and separated from CT scans etc. This would allow more comparison of similar images, and a more cohesive learning experience.

There is, of course, no better way to learn about radiological diagnosis then by seeing real patients and real X-rays, and being quizzed on their interpretation by others. There are a plethora of books which act as self tests in imaging, and to compete, new additions have to be well presented and good value. We all know that buying a new book is a salve to any students' conscience about a lack of studying, and books like this find their market increasing as exams approach and panic sets in.

This short book carries out its task with moderate success, although I feel the layout could be improved. It will doubtless be of use to MRCP candidates preparing for the Part II written exam and final year medics in the throes of panic !

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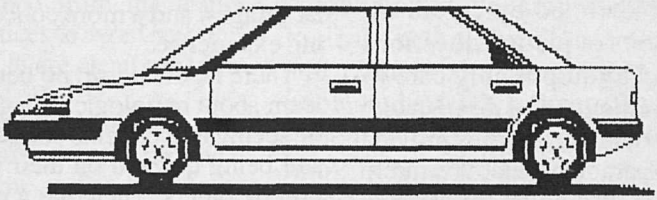

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Coping with Rest

Nursing is a very stressful occupation. Dealing with sick bodies and the concomitant mental association, not only of the person in front of you, but with their family, needs some means of coping. But the relaxation needed comes in two forms. There is the day to day manner of coming to terms with the stress confrontations, just simply 'letting go' each day; but also on the the long term the need for regular breaks away from work, At one time nurses enjoyed longer periods of vacation than most other similar occupations outside those of teaching and the universities. But nowadays, most jobs offer several weeks of paid leave each year. But getting away from it all presents its own problems. To take a holiday as an earned rest is always welcome and yearned for in the days and weeks running up in anticipation. We all need a change now and then. But how many times have you heard other staff returning from annual leave declare that they now need a holiday to get over their holiday?

Taking a break from work sounds a fine idea. But once away, who is one with? Either friends or family, I guess., Most of our partners are people we have chosen to share our lives with, children have arrived, and asserted their own personalitie. While we are at work we see little of them, maybe just a few hours between work and going to bed. Are we aware of what their lives are full of, and how much do we appreciate what their stresses are? Once away from the routine of getting up, having a quick breakfast, if that, then embroiling ourselves in the daily grind, we may give them little thought until we return to the happy domestic scene, and unwind. But take ourselves away from this little cocoon we have created, and what happens? We may find that the partner, or kids, we think we have are not quite the people we imagine them to be! They have their own little worlds, and their own problems, much of which we have ignored, but now have all the time in the world to absorb - if we really want to. So are these holidays such a good idea after all, and how can we adopt measures to deal with them?

This time of year, as I am writing in early autumn is the great crisis time of year in this respect, While we have had our holidays, the great Tragic Death, following several holidays for a Royal, may make us think lightly of our situation. But I

think I have found a cure. Don't go on holiday! I don't mean just carry on working, although there is probably something to be said for that, but don't make a great issue about packing the cases, trawling through traffic jams, packed stations and crowded airports. Stop! Remember there is fun to be had nearby. Why spend all your hard earned cash on a week or so of what may turn out to be pure hell, and a great enthusiasm to return to work as soon as possible?

There are many ways of enjoying a break from employment without all this fuss and bother. If your friends, or family want to go away, let them. You just escape all the hassle of coping with people you may love, and stay with the one you really must learn to love, Yourself! I can recommend it. Try it, if you don't like it, you don't have to repeat it, but it may be just the very thing to repair those frayed nerves from all the stresses of struggling to get up and go to work each day. This may be the finest form of relaxation you'll ever get. It may sound selfish; but when did you last really want to spend all that time with folk, in unfamiliar surroundings, with all sorts or strange sights and sounds nearby? No, you could be a lot better off restoring your depleted energy supplies by just sitting at home. And since all those people going on holiday, dashing around the globe, are causing global climatic problems with all the pollution they are creating, you, dear friend, are able to enjoy the side effects - sunny old Britain. This may not last, but until we suffer other severe global meterological changes, make the most of it. It will enable you to return to your nursing duties much refreshed and able to cope with whatever patients and their families throw at you. They probably have problems bigger than yours anyway; they have either been suffering from collective hysterical grief after the Tragic Death - or, worse still, they've been on a package holiday with their family or friends. Poor souls!

Denis Cobell

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On a perfect day for rugby Guy's made their first ever visit to Farnborough. Farnborough had been promoted last season and this was probably the first fixture between the clubs.

All the early play was in the opposition half, but after a couple of mischances and dropped passes Neil Davis chipped over a flat opposition defence and a kind bounce enabled him to retrieve his own kick and score near the posts. An injury to the Guy's tight head prop John Stacey led to disruption of both the 1st XV and the adjacent match of the 2nd XV's when Richard Clinton as the main substitute came across for his first match of the season. Unfortunately this led the 3rd XV not to have a viable front row and amongst much discussion about the rules, uncontested scrums appeared to be the answer.

This disruption clearly unsettled the Guy's side and with a lack of attention let the Farnborough centre in for an unconverted try. Happily they responded immediately with tries by the wing Ben Rose and another by Neil Davies to take the score to a more healthy 19-5 which remained the half time score. Characteristics that we have become familiar with is the requirement of the Guy's side to take a quarters rest somewhere during the match. For this game Guy's chose the first half of the second half when in spite of being technically the better side completely went to sleep and allowed Farnborough to score a deserved try in the corner. Guy's then scored the best try of the match with the ball passing through all 15 pairs of hands and back before Jenkins scored. In between times Ben Rose again got over the corner and Guy's conceded another try to take the score to a more respectable 31-15. Guy's seemed so technically superior that ones impression was that if they really began to move the ball about that they would win the game easily. Farnborough were very gallant in defence, had a solid line out and trying until the end.

A league victory of 31 points to 15 however is very satisfactory and the club can be pleased. However in a tighter game we might rue the lack of defensive organisation which let Farnborough in for two of their tries. Overall it was a satisfactory performance. Undoubtedly the player of the match was Neil Davies who in addition to his two tries showed all his kicking skills with conversions from the touch line huge booming up and unders and touch kicks, which drove back the Farnborough side. He linked in well with Steve Morgan at scrum half whose long pass also enabled him to dance through for a few exciting breaks. Gibbins and

Jenkins in the centre had very solid games particularly showing the weight of their tackle on a few occasions and Ben Rose at full back had his best game yet in that position catching virtually everything kicked at him and running back with gusto. However the pack looked as if their fine efforts during the week in beating the University of Birmingham had resulted in them being just off the pace and it was lucky that they were up against one of the smaller packs in the League. However for next week in the intermediate cup they play Wescombe Park who are in London I and that will undoubtedly prove a stern test.

Team: Rose B, Dock R, Jenkins M, Gibbins N, Charles R, Davies N, S. Morgan (substitute Clinton R), O'Sullivan F, Baladasaran D, Stacey J, Thorpe B, Graham R, Ryan G.(Capt.)

Blues Awards

The following people were successfully nominated for Blues and Half Blues at the last Blues Committee Meeting

Rifle Club Half Blue
Parag Patel

Basket Ball Half Blue
Nirav Patel
David Abell

Polo Full Blue
Katy Grace
Geoffrey Mullen
Half Blue
Tom Witcher

Golf Half Blue
James Gossage
Nick Williams
Jonathan Jones

Tennis Full Blue
Richard Hewitt

Cricket Half Blue
Joe Jacoby
Arnand Deveraj

CLASSIFIED AND ANNOUNCEMENTS

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UMDS Clinical Science and Practice Lectures

Spring Term 1998

5.30pm Thursday,
12th February 1998
Nevin Lecture Theatre,
St. Thomas's
Professor Philippa Garety,
Professor of Clinical Psycology.
Inaugural Lecture.
Title to be announced.

5.30pm Thursday,
26th February 1998
Nevin Lecture Theatre,
St. Thomas's
Professor Stephen Semple,
Emeritus Professor of Medicine
Evan Jones Memorial Lecture
Title to be notified.

Summer Term 1998

Date to be arranged.
The Edgar Sowton Memorial Lecture
Date to be arranged

Professor Amanda Ramirez,
Professor of Liaison Psychiatry
Inaugural Lecture

Enquiries about these lectures to:-

Mary Bonner
The Prideaux Building,
St. Thomas's Campus,
UMDS
0171-922-8370

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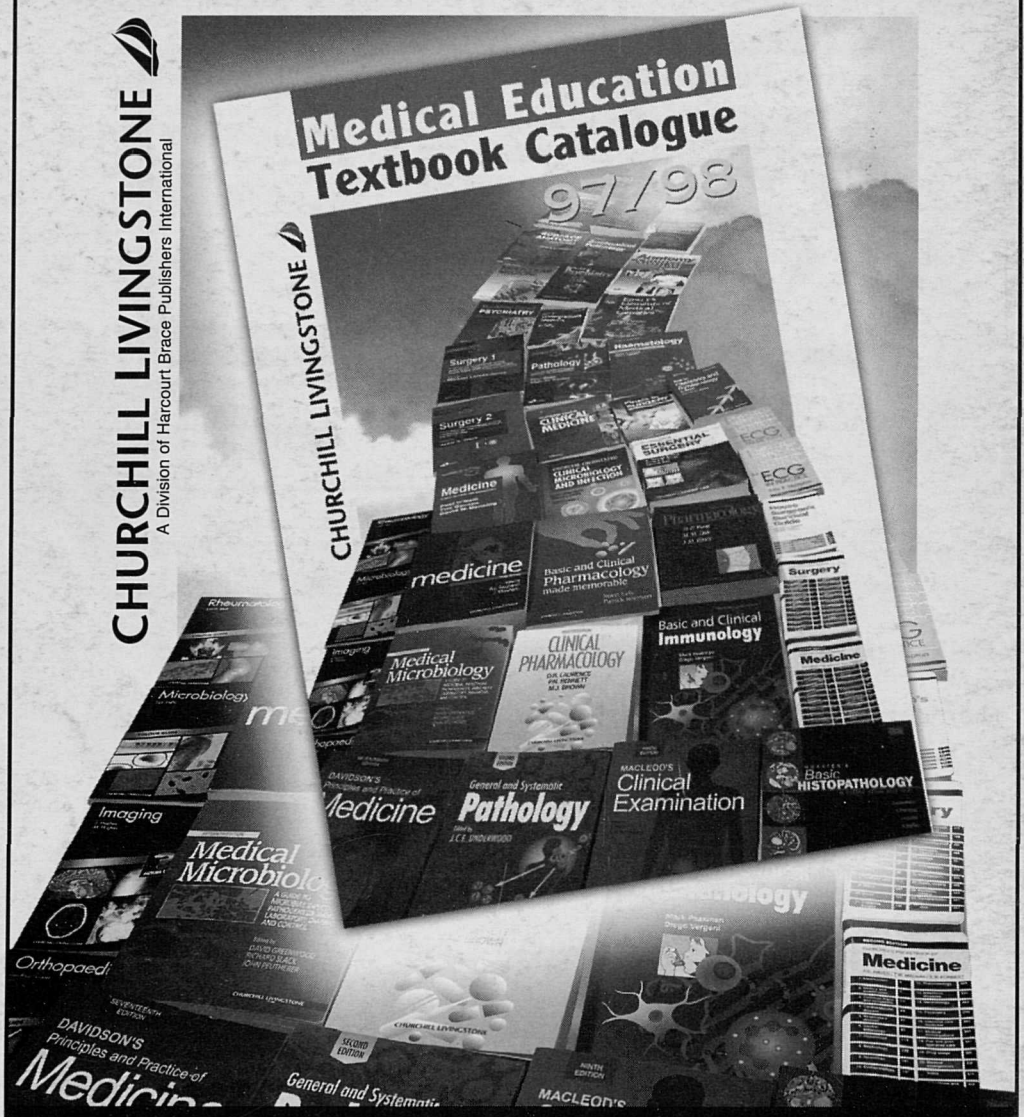

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